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CITY OF SHEFFIELD  
EDUCATION COMMITTEE

SCHOOL HEALTH SERVICE  
REPORT  
OF THE  
PRINCIPAL SCHOOL MEDICAL OFFICER,  
MARION C. TAYLOR, M.B., CH.B., D.P.H.

FOR THE YEAR ENDED 31ST DECEMBER, 1954  
[FORTY-SEVENTH YEAR]



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## CHILD WELFARE SUB-COMMITTEE

Ald. A. BALLARD.	Ald. J. F. WILLIAMS (Chairman).
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Mr. C. S. DARVILL.	Coun. A. S. LONGMORE.
Rev. F. DUCKWORTH, M.A.	Ald. S. H. MARSHALL, J.P.
Mr. A. W. FISHBURN.	Ald. A. SMITH.
Coun. Rev. A. GREEN.	Mr. T. DRURY SMITH, M.C., J.P.
Coun. J. G. L. HILL, J.P.	Mrs. C. SUMNER, B.Sc., J.P.
Coun. P. C. J. T. KIRKMAN.	Coun. E. TINDALL.
	Ald. P. J. M. TURNER, J.P.

## SHEFFIELD BLIND SCHOOL MANAGEMENT COMMITTEE.

Ald. A. BALLARD.	Ald. J. F. WILLIAMS (Chairman).
*Mr. N. BODDY.	Coun. Miss M. VEITCH ( Deputy-Chairman).
Mrs. B. BUCHANAN.	*Mr. N. HARLAND (resigned November, 1954).
Mr. C. S. DARVILL.	Ald. S. H. MARSHALL, J.P.
*Mr. R. HARGREAVES, M.A., LL.B.	Mr. T. DRURY SMITH, M.C., J.P.
*Mr. A. HARLAND, J.P.	Coun. E. TINDALL.
	Ald. P. J. M. TURNER.

\*Co-opted members who were previously Governors of the School.

Director of Education—STANLEY MOFFETT, M.C., M.A.

## STAFF

### Principal School Medical Officer.

MARION C. TAYLOR, M.B., Ch.B., D.P.H.

### School Medical Officers.

LAKSHMI DAS, M.B., B.S., D.C.H.  
JAMES GREER, L.R.C.P.I. and L.M.  
JAMES D. HALL, M.R.C.S., L.R.C.P.  
WILLIAM D. A. KING, M.B., Ch.B.  
DORIS E. MORTON, B.A., M.B., B.Ch.

ELSIE G. M. OATES, M.D., M.R.C.S. L.R.C.P.  
ETHEL SKERRITT, M.D., M.R.C.S., L.R.C.P.,  
D.P.H.  
EITHNE M. SWALLOW, B.A., M.B., B.Ch.

(Two vacancies for School Medical Officers).

### Specialist Officers.

Ophthalmic Section .. .. ..	..	†MALCOLM FERGUSON, M.B., B.S., D.O.M.S.
Aural Section .. .. ..	..	†*ROBERT E. PEASEGOOD, M.B., Ch.B., F.R.C.S.
Orthopaedic Section .. .. ..	..	†*FRANK W. HOLDSWORTH, B.A., M.Chir., F.R.C.
		†*ALFORD DORNAN, M.B., Ch.B., F.R.C.S.
Rheumatism and Heart .. .. ..	..	†*SIDNEY PAPPWORTH, M.B., Ch.B., M.Ch.
Orthodontic Section .. .. ..	..	†*JOHN LORBER, M.D., M.R.C.P.
		*HANS L. EIREW, L.D.S., B.D.S.

### Principal School Dental Officer.

EDGAR COPESTAKE, L.D.S.

### School Dental Officers.

ALBERT E. CLARKE, L.D.S.  
ALFRED E. GISBURN, L.D.S.  
EDITH M. HAGUE, L.D.S.  
\*SIDNEY MELLOR, L.D.S.  
\*CHARLES P. BAIN, L.D.S.

MARY M. PELLATT, L.D.S.R.C.S.  
EDMUND A. REEVE, L.D.S.R.C.S.  
AGNES M. THOSEBY, L.D.S.  
\*JOHN M. COTTON, B.D.S., L.D.S.

(Five vacancies for School Dental Officers).

### Dental Anæsthetist.

\*N. AIDEN VINCENT, M.B., Ch.B.

## CHILD GUIDANCE CENTRE.

Medical Director—THE PRINCIPAL SCHOOL MEDICAL OFFICER.

NOEL E. WHILDE, M.Sc., F.B.Ps.S.  
(Educational Psychologist in charge).  
RUTH J. M. GARDEN, M.A., Ed.B.  
(Educational Psychologist).  
PETER F. PORTWOOD, B.Sc., A.B.Ps.S.  
(Educational Psychologist).

†\*REGINALD WARNECKE, M.R.C.S., L.R.C.P.,  
D.P.M. (Part-time Psychiatrist).  
Mrs. ANITA R. ABRAMS, B.A.,  
(Educational Psychologist).  
\*Mrs. ROSE HOLMES  
(Psychiatric Social Worker).

\*Part-time Officers.

†Appointments by arrangement with the Regional Hospital Board.

**BENTS GREEN SPECIAL SCHOOL FOR DELICATE CHILDREN**  
KATHLEEN GRAYSON (Matron)

MURIEL M. HARTLEY  
(Resident Enrolled Assistant Nurse).

Vacancy for Resident Assistant House Mother.

**SHEFFIELD SCHOOL FOR BLIND CHILDREN.**  
**JOYCE WILKINSON (Matron-Housekeeper).**

**School Nursing Sisters**

ELSIE DENT (Chief School Nursing Sister).

PHYLLIS M. ARTHUR.  
 Mrs. OLIVE M. ASHTON.  
 Mrs. OLGA BAGNALL.  
 Mrs. ELIZABETH BATES.  
 Mrs. EDITH BURTON.  
 Mrs. BERYL H. BYGATE.  
 Mrs. LILIAN COMPTON.  
 Mrs. ELSIE M. COX.  
 MARGARET CROFTON.  
 EDITH DONCASTER.  
 ELIZABETH GOOSEMAN.  
 Mrs. IVY HIBBERT.  
 MARGARET HILTON.  
 CLARICE HOBSON.  
 NORA HOBSON.  
 Mrs. CONSTANCE E. JONES

Mrs. JACQUELINE S. KIRKBY.  
 CONSTANCE M. LAMBERT.  
 Mrs. MARGARET MACDOUGALL.  
 HILDA M. MARSDEN.  
 Mrs. MARGARET MONTAGUE.  
 Mrs. DORIS PARROTT.  
 RUTH POULES.  
 Mrs. MARY A. REID.  
 LUCY SCOTT.  
 DOROTHY M. SLATOR.  
 Mrs. EMILY D. SMITH.  
 Mrs. PAMELA D. SPOUGE.  
 GRACE STANIFORTH.  
 Mrs. JEMIMA TURNER.  
 SYLVIA M. WILLIAMSON.  
 RUTH WILMOT.  
 Mrs. ELSIE S. WOODWARD.

**Nursing Assistants.**

DOROTHY BURDEKIN.  
 Mrs. DOROTHY R. BAKER.  
 KATHLEEN J. BELL.  
 WINIFRED CLEGG.  
 ENID CLOUGH.  
 Mrs. MAUD CROOKES.

ELIZABETH GILL.  
 Mrs. BETTY JENNITT.  
 Mrs. WINIFRED C. MACKAY.  
 NORRIE A. SMITH.  
 ROSALIE V. SWEENEY.  
 Mrs. JOAN M. TURNER.  
 KATHLEEN E. WRIGHT.

**Dental Assistant.**

ELSIE INGRAM

**Dental Attendant**

CONSTANCE V. BOWIE.  
 DOROTHY V. BROWN.  
 Mrs. OLGA V. HABERSHON.  
 WINIFRED M. MCKENZIE.  
 CLARE E. MARLOW.

CLARA L. MARSDEN.  
 Mrs. FRANCIS MORRIS.  
 ETHEL OTTER (Retired 10/11/54).  
 BARBARA J. STANLEY.  
 ELLEN TRUMAN.

(Three vacancies for Dental Attendants).

**Oral Hygienist.**

(Vacancy)

**Dental Technician.**

CLIFFORD J. ATKIN.

**Head Speech Therapist**—CONSTANCE H. M. LOGAN, L.C.S.T.

**Speech Therapists.**

BARBARA M. GRAY, L.C.S.T.

ANNE A. COOPER, L.C.S.T.

**Chiropodist**—\*LEONARD ALDAM, M.Ch.S.

**After-Care Officer**—WINIFRED STIRGESSION.

**Dispenser at Clinics**.—GEORGE WARRILOW.

**Orthoptists.**

\*Mrs. JEAN FOSTER.

\*Mrs. PAMELA NIXON.

**Clerical Staff.**

WILLIAM F. HERN (Chief Clerk).

HARRY H. LAWSON. D.P.A.  
 FRANK CROOKES.  
 DENIS STANIFORTH, D.P.A.  
 DEREK MATTHEWMAN.  
 MICHAEL JENKINSON.  
 JOAN M. SPARLING.  
 LILIAN SMITH.  
 Mrs. DOROTHY MACDONALD.  
 Mrs. SILVIA M. WILLIAMS.  
 Mrs. CONSTANCE CLINTON.  
 KATHLEEN HUTCHINSON.  
 BETTY E. BLACKWELL.  
 DOROTHY K. HEMS.  
 DOROTHY J. KENT.  
 BRENDA J. HANSON.

Mrs. BARBARA KENENDY.  
 JOYCE BENTON.  
 Mrs. EDITH M. BUTCHER.  
 Mrs. KATHLEEN A. CLARKE.  
 AUDREY WHITE.  
 AUDREY H. ANDREW.  
 ANN F. PENMAN.  
 FREDA NEEDHAM.  
 BARBARA DYSON.  
 EILEEN K. WALSH.  
 ANGELA M. JACKSON.  
 DOREEN LUDLAM.  
 THELMA Y. RILEY.  
 JANET CLAYTON

## SUMMARY OF WORK, 1954

			Children	Attendances
SCHOOL MEDICAL OFFICERS AT SCHOOLS—				
Visits to Schools .. . . . .	..	1,747		
Periodic Health Inspection—				
Primary and Secondary Schools .. . . . .	..	17,989		
Special Schools .. . . . .	..	634		
Nursery Schools and Classes .. . . . .	..	947		
Selected cases .. . . . .	..	1,059		
" Following up " .. . . . .	..	3,714		
Special visits .. . . . .	..	1,802		
SCHOOL MEDICAL OFFICERS AT SCHOOL CLINICS—				
Inspection and Minor Ailments Clinic .. . . . .	..	21,414	42,948	
OPHTHALMIC CLINIC—				
Treated by the Surgeon .. . . . .	..	4,998	8,256	
Dressed by Nursing Sisters .. . . . .	..	1,573	6,489	
Orthoptic treatment .. . . . .	..	408	1,818	
AURAL CLINIC—				
Treated by the Surgeon .. . . . .	..	1,044	1,446	
Dressed by Nursing Sisters .. . . . .	..	2,339	14,172	
DENTAL CLINIC—				
Inspected at schools .. . . . .	..	19,138		
Inspected at clinics .. . . . .	..	7,903		
Treated by School Dental Surgeons .. . . . .	..	15,049	26,696	
ORTHOPÆDIC CLINIC—				
Examined by the Surgeons .. . . . .	..	1,025	1,307	
RHEUMATISM AND HEART CLINIC—				
Examined by the Physician .. . . . .	..	224	270	
CHILD GUIDANCE CENTRE .. . . . .	..	646	3,668	
SPEECH THERAPY CLINIC .. . . . .	..	255	3,715	
CHIROPODY CLINIC—				
Treated by the Chiropodist .. . . . .	..	808	1,721	
IMMUNIZATION AGAINST DIPHTHERIA—				
At schools and clinics .. . . . .	..	4,343	5,892	
SCHOOL NURSING SISTERS AND NURSING ASSISTANTS—				
Examinations of children in schools .. . . . .	..	289,379		
Visits to homes .. . . . .	..	2,505		
Minor dressings at clinics and schools .. . . . .	..	17,108	57,144	
TOTAL ATTENDANCES OF CHILDREN AT SCHOOL CLINICS				175,542

## CITY OF SHEFFIELD

## GENERAL INFORMATION.

Population .. . . . .	..	503,400	
Area .. . . . .	..	39,598 acres.	
Density of Population .. . . . .	..	12.82 persons per acre.	
Rateable Value .. . . . .	..	£3,571,704	
Education Rate .. . . . .	..	100.3d.	
Penny Rate produces .. . . . .	..	£14,923	
Primary and Secondary Schools (including Nursery Schools)—			
Number of schools .. . . . .	..	137	
Number of departments .. . . . .	..	215	
Average number on rolls .. . . . .	..	74,646	
Special Schools—			
Number of schools .. . . . .	..	14	
Average number on rolls .. . . . .	..	1,320	

CITY OF SHEFFIELD  
EDUCATION COMMITTEE

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## SCHOOL HEALTH SERVICE

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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

I have the honour to present for your consideration the report on the work of the School Health Service for the year ended 31st December, 1954.

The opinion is that the children have reached the same high standard of nutrition as that of previous years, and this is supported by the anthropometric measurements. Fortunately the incidence of infectious disease has been low, apart from a mild form of dysentery, and diphtheria is for the fifth year notable for its absence. Vaccination against tuberculosis in children of the thirteen year group was commenced in September and is being welcomed by the parents.

Recruitment of full-time dental officers has not taken place, but useful part-time appointments have been made. Sheffield has been fortunate in that it has always been possible to appoint medical officers with at least the approved three years' experience; it has not been possible, however, to find doctors who have aimed at school work as a career, and in preparation obtained a diploma in public health. During the year we lost two doctors experienced in work under the Handicapped Pupils Regulations, and are now two short of establishment.

The long continued good work done at the Child Guidance Centre has made its mark in the City and established the reputation of the clinic. There is much pressure from the public for treatment where children need it, and were it possible to find suitably trained staff there would be a strong case for the establishment of a second clinic. Mr. Whilde refers in his report to two small groups of children who would benefit by residential care and for whom none exists; they are maladjusted children who are also of inferior intelligence, and children who are mentally ill. They are not eligible for Schools for the Maladjusted, so do not appear on the Ministry return.

Tuition under Section 15 of Ministry of Education Manual of Guidance (Special Services No. 1) has been installed in the main hospitals that treat children. As methods of medical treatment alter, one sees a different all over pattern in hospital wards; there are now more long stay cases well enough to profit by education. Apart from the mental stimulation received by the child, education makes the eventual return to school and normal life easier in that there has been no complete break. Some of these in hospital for short

periods are also given lessons ; for example, children admitted for diagnostic investigation ; for them it softens the removal from home as in meeting the teacher in the ward they meet part of their ordinary life. The Head Teacher from King Edward VII Orthopædic Hospital School supervises the teachers at the City General Hospital, and the Head Teacher from Ash House Hospital School those at the Children's Hospital, Thornbury and Ryegate.

Four new schools, one primary and three secondary, completed this year, afford an excellent environment for the children enrolled there. Owler Lane Dental Clinic has had alterations carried out which improve the premises very greatly and add to the comfort of the patients. It is disappointing that replacement of the most unsuitable clinic buildings has not yet taken place and one hopes that a step forward will be made next year.

The Maud Maxfield Residential School for the Deaf, or one might call it the hostel for the Day School, opened on May 14th. The pleasant sunny rooms with their attractive decorations and tasteful furnishings make a very desirable home for the children concerned. Its unique position on the moors with the attendant joy of distant views, and the school garden which by some miracle seems to present a perpetual show of blooms, combine to give the children something satisfying for the eyes. For deaf children one could not wish for more colourful, cheerful, surroundings. It is a benefit to the residential children that they spend their school hours with the day children and are in no sense a closed community. All who are near enough to their homes return for the week-end and thus keep a very close contact with their families. There are interesting developments in the world of the Deaf and Partly Deaf with the great expansion of auditory training both in the amplifying room and the classroom. Already there is an improvement in speech both in clarity and in tone, and one expects this to be emphasised as the younger children grow up through the school having the advantage of the longer training. The large part that 'listening' and 'speaking' play in a School for the Deaf is not generally realised. The use made of any residual hearing and the way it is developed is indicated by the large number of hearing aids in use ; this is dealt with in the Ear, Nose and Throat Section of this Report.

It now remains for me to acknowledge the support and consideration shown by the Chairman and Members of the Committee in the welfare of the child. I have pleasure in expressing thanks to Mr. Moffett, the Director of Education, for his valuable advice, and to the staff of the various departments for their help in preparing sections of the report. Thanks are due to Dr. Roberts, the Medical Officer of Health, for certain vital statistics. I am greatly indebted to the whole staff of the School Health Service for their collaboration in all the work of the year.

M. C. TAYLOR,

*Principal School Medical Officer.*



*Maud Maxfield Special School for the Deaf — Residential or Day*

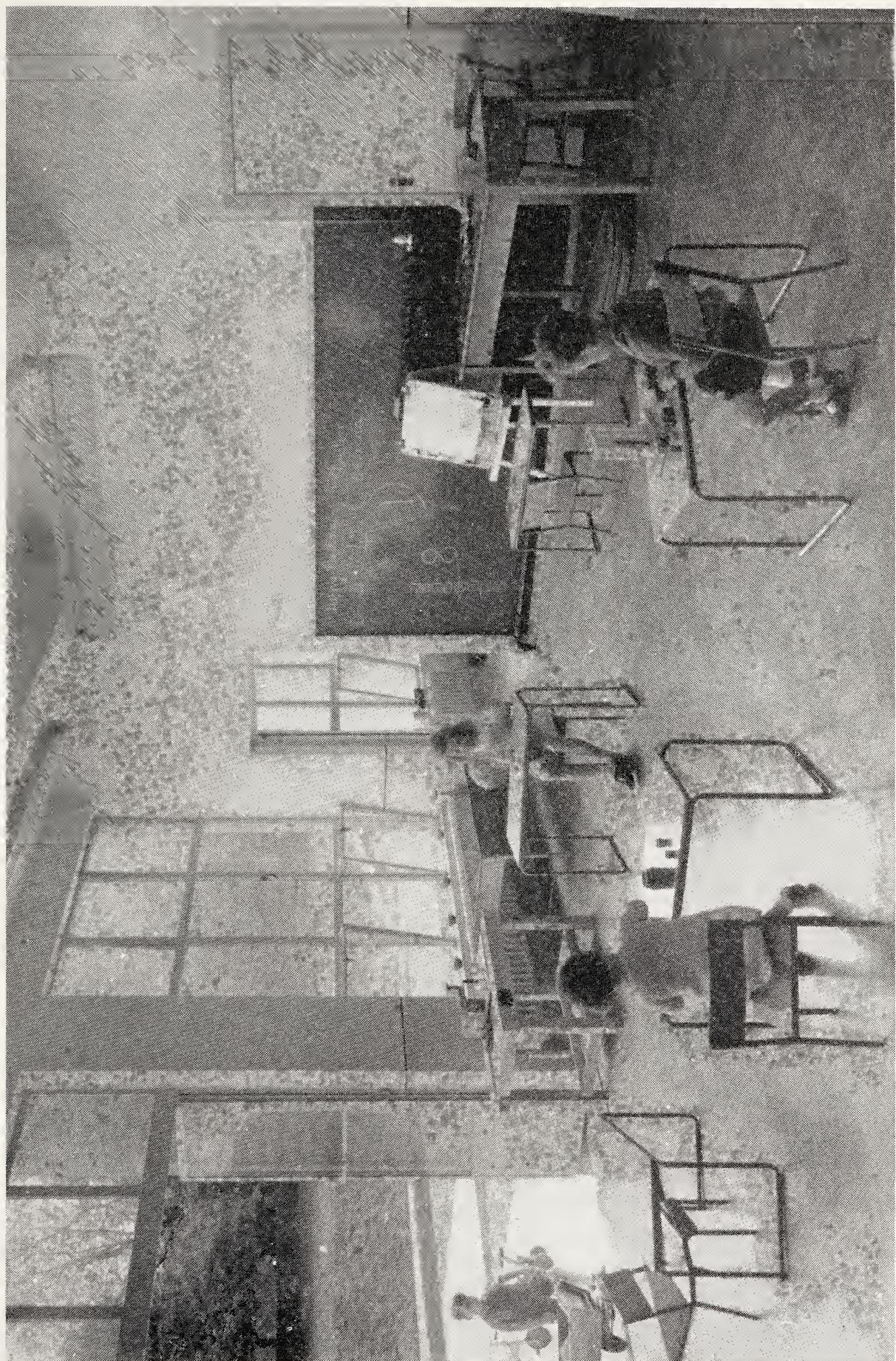


*A Lesson in the Hall*



*Sitting Room*

*The Nursery Room*



*Working with the Group Hearing Aid*



# CLINICS

Clinic	No. of Schools	No. of Depts.	Times of Attendance	Work undertaken
Central Clinic, 7, Leopold Street .. ..	151	229	Full-time.	Administrative centre of school health service. Centre for examination of special cases, ophthalmic, orthoptic, ear, nose and throat, orthopaedic, heart and chiropody clinics. Central inspection, minor ailment, and immunization clinics.
Child Guidance Centre, 9, Newbould Lane .. ..	151	229	Full-time.	Child Guidance.
Speech Therapy Clinic, 9, Newbould Lane .. ..	151	229	Full-time.	Speech Therapy.
<b>DISTRICT MEDICAL CLINICS.</b>				
Central Clinic, 7, Leopold Street—				
District E .. .. .. ..	22	30	Mon., Wed. and Sat. mornings.	
District F .. .. .. ..	24	29	Tues. and Thurs. afternoons and Sat. mornings.	
Attercliffe Branch Clinic, Vicarage Road .. .. .. ..	11	18	Mon., Tues., Wed., and Fri. afternoons and Sat. mornings.	
Pitsmoor Branch Clinic, Ellesmere Road County School .. .. ..	11	23	Mon., Tues. and Thurs. afternoons and Sat. mornings.	
Hillsborough Branch Clinic, Broughton Road .. .. .. ..	14	25	Mon., Tues. and Thurs. afternoons and Sat. mornings.	
Heeley Branch Clinic, Lowfield County School .. .. .. ..	25	33	Mon., Tues. and Thurs. afternoons and Sat. mornings.	
Handsworth Branch Clinic, Hall Road, Handsworth .. .. .. ..	7	12	Wed. mornings.	Inspection, minor ailment and immunization clinics.
Woodhouse Branch Clinic, Balmoral Road, Woodhouse .. .. ..	2	2	Fri. mornings.	
Shiregreen Branch Clinic, Shiregreen County School .. .. .. ..	9	15	Mon., Wed. and Fri. afternoons and Sat. mornings.	
Manor Branch Clinic, Prince Edward County School .. .. .. ..	14	24	Mon., Tues., Wed., Thurs. afternoons and Sat. mornings.	
Wisewood Branch Clinic, Wisewood County School .. .. .. ..	3	7	Wed. and Fri. afternoons.	
Wybourn Branch Clinic, Wybourn County School .. .. .. ..	4	5	Mon. and Thurs. mornings.	
Southeast Green Branch Clinic, Southeast Green County School .. .. ..	2	5	Tues. afternoons.	
<b>DENTAL CLINICS.</b>				
Central Clinic, 7, Leopold Street .. ..	38	47	Full-time.	Routine and casual dental treatment, special dental cases, and dental radiography.
Owler Lane Branch Clinic, Owler Lane County School .. .. .. ..	11	21	Varies.	
Western Road Branch Clinic, Western Road County School .. .. ..	9	17	"	
Attercliffe Branch Clinic, Vicarage Road .. .. .. ..	12	22	"	
Manor Branch Clinic, Prince Edward County School .. .. .. ..	22	35	"	Routine and casual dental treatment.
Southeast Green Branch Clinic, Southeast Green County School .. .. ..	4	10	"	
Hatfield House Lane Branch Clinic, Hatfield House Lane County School .. .. .. ..	7	12	"	
Heeley Branch Clinic, Lowfield County School .. .. .. .. ..	27	35	"	Routine and casual dental treatment and orthodontics.

ATTENDANCES AT CLINICS

## STAFF

Dr. I. J. McLarty and Dr. E. Parsons resigned in September and Dr. Lakshmi Das was at first appointed in a temporary capacity, but in December this was made permanent. Mr. J. H. Gardiner, the Orthodontist, resigned and was succeeded in October by Mr. H. L. Eirew, the sessions being increased to five a week. A dental surgeon, Mr. C. Bain, commenced in December for five sessions a week.

The post of Chief School Nursing Sister was filled in January by the appointment of Miss E. Dent.

There were a few changes in the posts of school nursing sisters and dental attendants.

Miss A. R. Berlyne and Mr. P. F. Portwood, educational psychologists, were appointed in January ; and Mrs. R. Holmes, psychiatric social worker, in September for six sessions a week.

Miss A. A. Cooper, speech therapist, was appointed in January, completing the establishment.

It is sad to record the death of a clerk, Mr. J. Lockwood, on the 24th December.

### **CO-OPERATION WITH THE NATIONAL HEALTH SERVICE**

In the introduction to the 1952 report this was dealt with fully. No changes of note have taken place. The arrangements previously made with the Regional Hospital Board in connection with the specialist clinics held at the Central Clinic, Leopold Street, have continued to work smoothly. Transference of information relating to school children attending hospitals continues, and one is grateful to the paediatricians concerned. Co-operation with general practitioners where the opportunity arises is a definite aim, which is being gradually more fully implemented in a personal way in the various districts. A large number of letters are sent to general practitioners every week with a copy of the specialist's notes relating to the children on their lists.

### **CO-OPERATION OF PARENTS, TEACHERS, EDUCATION WELFARE OFFICERS AND OTHERS**

Co-operation of all adults in any way concerned with the child is essential to his well-being and fortunately is readily obtained. The following percentage of parents took advantage of attending with their children at the periodic health inspection :—

					1953 per cent.	1954 per cent.
Entrants	..	..	..	..	90·72	88·11
Intermediates	..	..	..	..	78·22	62·25
Leavers	..	..	..	..	36·89	38·61

Most sincere appreciation is felt for the co-operation of teachers, inspectors, education welfare officers, the Children's Officer, probation officers, general practitioners, medical officers at the hospitals, the National Society for the Prevention of Cruelty to Children, Cripples' Aid Association, Voluntary Association for Mental Welfare and the Council of Social Service.

Due acknowledgment and thanks are given to the local Press for their continued sympathetic and helpful presentation of school health topics.

During the year the Sheffield School Children's Holiday Association, supported by the Sheffield School Teachers, made the usual excellent use of Fairthorn Convalescent Home. It opened from March 29th to December 23rd and during that period a total of 154 children (81 girls, 73 boys) benefited by convalescence there. Additional to this number are 90 children who went during the summer vacation, being selected from the poorer parts of the City by the teachers. All the children were examined by the school medical officers and deemed suitable.

### **PERIODIC HEALTH INSPECTION**

Circular 269 allows some variation in the age groups for periodic health inspection. The children are being examined in Sheffield on entering the primary school, on entering the secondary school, and before leaving school. This enables the head teachers of the schools to have a full medical report on all entrants to their departments and to discuss the health of any child with the doctor. It means that junior schools are not visited for periodic health inspection, but an annual visit is made for a medical survey, and selected children can then be examined. It should be remembered that, in addition, all pupils are seen at intermediate periods by the school nursing sisters. The main statistics on medical inspection will be found on pages 70-6 and the findings are given in accordance with the Ministry's requirements.

The number of children (1953 figures in brackets) found to require treatment at the periodic health inspection for various defects was 1,225 (1,117). In addition, 2,119 (1,648) were referred for further medical supervision.

At the "follow-up" examinations which take place the year after the periodic health inspection 3,714 (3,563) children were examined.

There were 893 (1,220) cases selected at the survey inspection and 120 (176) were found to require treatment.

The percentage of the periodic health inspection groups referred for treatment (excluding defects of nutrition, uncleanliness and dental disease) were as follows :—

Entrants	..	..	..	..	..	9.08	(6.86)
2nd Group	..	..	..	..	..	4.92	(4.19)
3rd Group	..	..	..	..	..	4.84	(5.01)
Total for all 3 groups						6.58	(5.52)

## MEDICAL ROOMS IN SCHOOLS

At the close of the annual visit to schools for Periodic Health Inspection the medical officers this year included with their report on the hygiene of the schools, a note on the facilities for their work. In Building Bulletins 1950 (Secondary) and 1949 (Primary) a medical room 140—150 square feet is advocated without a waiting room, but in the Standards for School Premises Regulations 1954 no mention is made of a medical room but it is stated that "suitable accommodation shall be available" for medical inspection and treatment at any time during school hours. This means that some new schools have been built without medical rooms, and others with ones that are very small. In practice it is found that it is only where there is a special room designated for the purpose that the doctor can really have conditions conducive to the best work ; there ought, for example, to be adequate lighting and heating ; reasonable quietness and a feeling of privacy ; there should be sufficient space either in the same room or in an adjoining one for the accommodation of two other children and their parents—one child dressing after the examination and another preparing for it. This avoids a session punctuated with patches of waiting and permits more work in the allotted time ; moreover, fruitless periods of waiting are bad psychologically as they provide every opportunity for allowing the worker to lose interest in the job in hand. There should be a couch so that a child's heart can be auscultated in the recumbent position. There should be simple means of sterilisation and a wash basin with hot and cold water.

It is more difficult to reach a high standard of work in duties which can readily become routine and where one is seeking not gross disease but a small deviation from the normal ; a school medical officer has not only to be continuously vigilant and conscientious, but has to develop a wide view and be imbued with ideas for prevention of illness and improvement of health ; otherwise he is not fulfilling his function. It follows that the environment should be such as to foster this and at no time be actually detrimental to it.

Now what is the position in this industrial city ? I might add that I have no reason to think that it differs from that in other industrial areas. Only in 50 out of 194 schools or departments visited was there a special medical room ; moreover in many of these the size was so small that either the rate of work had to be slowed, or the staff and patients were in such close proximity that the atmosphere was far from tranquil. Under such circumstances a parent with some problem is unlikely to confide it to the doctor. In 70 instances a staff room was used by the courtesy of the Head Teacher ; the consequent association of the doctor's visit and inconvenience to the school staff is, however, rather unfortunate. Moreover in many cases the rooms are again very small and usually contain a telephone which causes frequent interruptions. In 63 schools class rooms were used ; those have the great advantage of ample space allowing separation of the groups involved, and

full length for visual testing. Privacy, however, is not always easily achieved, and the temperature is regulated for the children's comfort when wearing clothes and not when undressed ; often noise is a disturbing factor.

The doctors' reports dealt with lack of space and privacy, unsatisfactory heating and lighting, and interference from noise. In 14 instances the conditions for visual testing were noted as being particularly bad, in 2 cases the only available spot was a cloakroom ; in others, school corridors were utilised, which are after all places for movement and therefore do not aid concentration on the part of a timid child. In 11 schools the work had to be done at the nearest clinic ; this gives suitable conditions but does not meet the purpose of the work, which envisages a doctor and a nurse as part of a school team, working within its four walls, getting to know the staff who are at hand to discuss any point that may arise.

An eminent cardiologist, when addressing a group of school medical officers some years ago, referred to the conditions under which school doctors worked as "shocking" and blamed them for submitting to them ; he emphasised that under such conditions it was not possible to produce work of a high standard. I certainly know of no one thing that causes more dissatisfaction, depression, or irritation, according to the temperament of the school medical officer concerned, than this. Doctors with responsibility for others are always seeking means by which the standard of work can be raised. One would like to foresee a time when school medical officers would prefer to carry out inspections in schools, not clinics, this being more rewarding and more convenient.

Any medical room is used for a multitude of purposes in addition to Periodic Health Inspection ; these include weighing and measuring, visual testing, cleansing inspections, surveys by school nursing sisters, visits in connection with infectious disease, dental inspections, and speech therapy. The initial expense in its construction would in due course be balanced by the economy in staff time, so that one could regard it as a good financial investment.

#### **EXTRACTS FROM REPORTS OF SCHOOL MEDICAL OFFICERS**

The medical officers in their own areas are satisfied that in general the health of the children is satisfactory.

One medical officer mentions that the health of the children has been good in his area apart from dysentery in a few schools, which happily soon subsided.

From the area in which vaccination against tuberculosis commenced the doctor voices surprise that neither parents nor teachers sought information from him about this form of treatment, and conjectures that this might be because the public regard it as being of a similar character to diphtheria immunization.

"Relationships with general practitioners have continued to be cordial during the past year. The agreed system of communication with the children's family doctor is working well".

"In the treatment of acute otitis media, the well-tried intra-muscular penicillin with no treatment to the ear itself, has cleared up all cases except one."

"The attendance of parents at periodic health inspection has continued to be good. It shows a distinct downward progression as the child matures. At the age of 5 and 11 years, the majority of parents attend; but at school leaving age, the attendance decreases and is less for boys than girls.

Attendance of the parents at the clinic is often very poor; on enquiry this is directly correlated with the number of mothers who go out to work."

Other comments by medical officers are included with the particular special schools concerned.

#### **GENERAL CONDITION**

The classification of children under the term "General Condition" implies a general impression of the children's physical fitness. That the assessment is necessarily a subjective one is generally agreed, for example one's standard tends to be higher in a school where the nutritional level is high, and lower in one that is less good. The proportions in the three classifications have, however, remained largely the same as last year.

Age groups.	Year.	Number examined.	Good per cent.	Fair per cent.	Poor per cent.
Entrants .. . .	1953	8,223	12·03	87·23	0·74
	1954	7,671	12·06	87·16	0·78
Intermediates .. . .	1953	5,938	18·47	80·30	1·23
	1954	4,652	19·02	79·17	1·81
Leavers .. . .	1953	6,066	23·46	75·68	0·86
	1954	6,300	21·60	77·46	0·94
Total for all age groups ..	1953	20,227	17·35	81·73	0·92
	1954	18,623	17·03	81·88	1·09

#### **HEIGHTS AND WEIGHTS**

The first table of anthropometric examinations of the children includes for comparison figures for the years 1920, 1938 and 1945, pre-war and post-war years, and 1953. It will be noted that there is a slight increase in weight in all ages 5—15 years inclusive in both sexes, and also in the girls of age 16 years. There tends also to be a slight increase in height in eight of the twelve age groups for boys and in nine of those for girls.

The second table gives a comparison between schools in varying types of districts. It will be seen that in the main there is a progressive diminution in height and weight from "Good" to "Medium" and "Medium" to "Poor" districts.

## HEIGHTS

## SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

GIRLS  
BOYS

---

17

## WEIGHTS

## SHEFFIELD PRIMARY AND SECONDARY SCHOOLS

GIBBS BOYS

COMPARATIVE FIGURES FOR HEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

HEIGHTS

Age	BOYS						GIRLS					
	All Schools			Good District Schools			All Schools			Good District Schools		
	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches	No. Exd.	Inches
5	3,217	43.12	784	43.72	1,547	43.11	886	42.59	5	2,991	42.74	692
6	3,622	45.61	945	46.26	1,720	45.56	957	45.07	6	3,391	45.20	809
7	4,064	47.83	1,113	48.44	1,839	47.78	1,112	47.32	7	3,718	47.37	949
8	3,400	49.97	920	50.66	1,579	49.89	901	49.40	8	3,295	49.46	843
9	3,556	52.08	903	52.69	1,704	52.03	949	51.57	9	3,402	51.55	925
10	3,647	53.87	892	54.46	1,769	53.91	986	53.26	10	3,408	53.58	870
11	2,957	55.50	769	56.18	1,501	55.39	687	54.98	11	2,879	55.70	732
12	2,447	57.18	642	57.77	1,118	57.06	687	56.80	12	2,275	57.94	575
13	2,089	59.68	519	60.14	993	59.81	577	59.05	13	2,208	59.96	489
14	2,234	62.28	506	62.98	1,073	62.30	655	61.73	14	2,325	61.54	492
15	458	64.35	177	64.75	153	64.24	128	63.91	15	446	62.33	169
Average for all ages		51.98	52.57		51.93		51.49		52.47		51.85	
Average for all ages		51.98	52.57		51.93		51.49		52.47		51.85	

COMPARATIVE FIGURES FOR WEIGHTS IN SCHOOLS FROM VARIOUS TYPES OF DISTRICTS

WEIGHTS

BOYS

Age	BOYS						GIRLS						
	All Schools		Good District Schools		Medium District Schools		All Schools		Good District Schools		Medium District Schools		Poor District Schools
No.	Pounds	No.	Pounds	No.	Pounds	No.	Pounds	No.	Pounds	No.	Pounds	No.	Pounds
5	3,217	43·34	784	44·29	1,547	43·23	886	4,273	5	2,991	42·15	692	42·57
6	3,622	48·35	945	49·38	1,720	48·32	957	47·35	6	3,391	47·07	809	48·02
7	4,064	53·64	1,113	54·74	1,839	53·62	1,112	52·54	7	3,718	52·12	949	53·40
8	3,400	59·35	920	60·98	1,579	59·17	901	58·00	8	3,295	57·65	843	58·64
9	3,556	65·87	903	67·99	1,704	65·63	949	64·31	9	3,402	64·26	925	65·79
10	3,647	71·87	892	73·59	1,769	71·98	986	70·08	10	3,408	71·08	870	72·44
11	2,957	77·58	769	79·72	1,501	77·12	687	76·17	11	2,879	79·21	732	80·27
12	2,447	84·22	642	86·60	1,118	83·60	687	82·98	12	2,275	88·67	575	88·89
13	2,089	94·95	519	96·87	993	95·61	577	92·06	13	2,208	99·82	489	101·15
14	2,234	108·07	506	111·62	1,073	107·98	655	105·51	14	2,325	109·61	492	110·21
15	458	118·08	177	118·92	153	117·64	128	117·46	15	446	115·50	169	115·79
Average for all ages										Average for all ages	68·78	66·93	69·64
Average for all ages		68·17	69·80										67·57

### SCHOOL MEALS

Particulars of the average number of meals supplied daily in respect of each calendar month from January to December 1954 follow :—

1954	Totals	1954	Totals
January .. .. .. ..	32,257	July .. .. ..	31,132
February .. .. .. ..	31,721	August .. .. ..	— †
March .. .. .. ..	32,392	September .. .. ..	32,839
April .. .. .. ..	32,285	October .. .. ..	32,849
May .. .. .. ..	32,387	November .. .. ..	32,913
June .. .. .. ..	31,259	December .. .. ..	32,083

† All Schools closed in August.

	1953	1954
Number of dinners supplied on payment ..	5,383,529	5,358,778
Number of dinners supplied free .. ..	644,809	617,459
Number of dinners supplied on part-payment of 6d. (from September, 1953) .. ..	772	6,760

The following is the number of children on free meals in December, earlier years being included for comparison :—

1948	1949	1950	1951	1952	1953	1954
4,347	4,683	3,978	3,874	3,987	4,117	3,560

### PROVISION OF MILK

The following information gives the number of bottles of milk supplied daily to school children each month. The supply at present is limited to one one-third pint bottle per day per child and no charge is made. All milk supplied to the schools is pasteurised.

1954	Primary and Secondary Schools	Grammar Schools	Totals
January .. .. .. ..	61,107	3,476	64,583
February .. .. .. ..	58,593	3,320	61,913
March .. .. .. ..	59,001	3,419	62,420
April .. .. .. ..	58,787	3,555	62,342
May .. .. .. ..	58,981	3,520	62,501
June .. .. .. ..	58,352	3,575	61,927
July .. .. .. ..	57,293	3,497	60,790
August .. .. .. ..	—	—	— †
September .. .. .. ..	61,167	3,869	65,036
October .. .. .. ..	60,578	3,817	64,395
November .. .. .. ..	59,618	3,744	63,362
December .. .. .. ..	57,853	3,453	61,306

† All Schools closed in August

A return to the Ministry of Education shows that on a day in October 1954, 89·1% of pupils received beverage milk and 41·1% received dinners.

### CLEANLINESS

The figures obtained from inspection at the routine examinations, following due notice to the parents, are given below, and show that the standard has remained virtually the same for the past few years.

#### CLEANLINESS OF HEAD

			CLEAN per cent.	INFECTED HAIR per cent.	
Boys ..	1945	..	97·04	2·96	(Nits 2·81 Lice 0·15)
	1952	..	98·34	1·66	( „ 1·60 „ 0·06)
	1953	..	98·51	1·49	( „ 1·45 „ 0·04)
	1954	..	98·41	1·59	( „ 1·59 „ — )
Girls ..	1945	..	83·24	16·76	( „ 15·83 „ 0·93)
	1952	..	92·88	7·12	( „ 7·02 „ 0·10)
	1953	..	93·26	6·74	( „ 6·67 „ 0·07)
	1954	..	92·23	7·77	( „ 7·75 „ 0·02)

#### CLEANLINESS OF BODY

		CLEAN per cent.	DIRTY per cent.	BODY LICE per cent.
Boys ..	1945	..	99·56	0·41
	1952	..	99·61	0·39
	1953	..	99·84	0·16
	1954	..	99·87	0·13
Girls ..	1945	..	99·65	0·30
	1952	..	99·88	0·12
	1953	..	99·95	0·05
	1954	..	100·00	—

### HYGIENE OF SCHOOL BUILDINGS

At the close of the periodic health inspection the school medical officers make an examination of the hygienic condition of the schools. Any structural defects, or suggested alterations or additions which might improve the health of the children are reported.

The older schools in the City were built when it was not thought necessary to provide water closets and wash-basins in the same number as present day thought demands. In addition it was not then contemplated that the children would dine in school and therefore remain all day. It is gratifying that this year many more schools have had alterations and improvements carried out. Some of these might be mentioned :—

Brightside County School	Maltby Street County School
Carbrook County School	Newhall County School
Carbrook C.E. School	Whitby Road County School
Crookesmoor County School	Wincobank County School
	Woodhouse County School.

### INSPECTION AND MINOR AILMENTS CLINICS

The clinics form a very important section of the service and the parents and children have continued to avail themselves of the facilities offered. The accompanying table records the nature of the consultations during the year.

## INSPECTION AND MINOR AILMENT CLINIC 1954

Wood-house	Shire-green	Manor	Wise-wood	Southey Green	Wybourn	Total	Condition
—	—	3	—	—	—	4	SKIN—
—	—	1	—	—	—	6	Ringworm—Scalp Body
—	—	—	—	—	—	16	Scabies
1	16	26	13	1	15	183	Impetigo
38	156	445	138	54	193	3,380	Other
13	66	108	47	15	29	1,384	EYE—
1	4	13	6	2	1	152	Defective vision
3	81	140	59	22	29	1,073	Squint
							Other
11	11	32	13	3	5	328	EAR—
14	56	68	26	11	27	571	Defective hearing
28	100	144	48	35	71	1,302	Otitis media
							Other
3	11	11	13	2	1	148	NOSE AND THROAT—
12	164	173	51	47	352	1,646	Chronic tonsillitis and adenoids
							Other
3	12	22	15	3	2	200	SPEECH
1	6	7	10	—	10	83	CERVICAL GLANDS
2	12	3	1	6	—	58	HEART AND CIRCULATION
8	107	54	16	51	75	606	LUNGS
—	3	—	1	—	—	19	DEVELOPMENTAL—
—	—	—	—	—	—	9	Hernia
							Other
—	4	—	9	3	1	50	NERVOUS SYSTEM—
3	33	12	4	11	1	139	Epilepsy
							Other
—	—	—	1	—	—	3	ORTHOPÆDIC—
—	3	8	14	—	2	102	Posture
6	76	62	81	22	6	536	Flat foot
							Other
—	4	3	1	4	2	22	PHYSIOLOGICAL—
1	10	15	4	3	1	143	Development
							Stability
72	894	788	318	206	709	9,251	OTHER
220	1,829	2,138	889	501	1,532	21,414	Cases
883	3,376	4,406	1,980	1,116	3,307	42,948	Examinations

## DISEASES OF THE SKIN

Some skin diseases call for special comment.

### SCABIES

The incidence of scabies rose from pre-war to reach its maximum in 1942, but in recent years has remained at a low level :—

Year.									Number of cases.
1942	..	..	..	..	..	..	..	..	2,657
1952	..	..	..	..	..	..	..	..	18
1953	..	..	..	..	..	..	..	..	38
1954	..	..	..	..	..	..	..	..	16

### RINGWORM OF THE SCALP

There were four cases during the year.

### EYE DEFECTS

The number of children found to have defective vision at the routine examination is set out in the table below :—

		Number examined.		Normal vision per cent.		Defective vision per cent.
<i>Entrants.</i>						
Boys	..	3,789 out of 3,926	..	95·38	..	4·62
Girls	..	3,595 out of 3,745	..	97·00	..	3·00
<i>Intermediates.</i>						
Boys	..	2,547	..	87·20	..	12·80
Girls	..	2,105	..	84·99	..	15·01
<i>Leavers.</i>						
Boys	..	3,447	..	84·80	..	15·20
Girls	..	2,853	..	82·33	..	17·67

In addition the school nursing sisters test the acuity in certain other age groups, namely 8 and 12 years. They referred 510 children to the medical officers at the clinics and of these 338 were found to require examination by the ophthalmologist and 172 were kept under observation.

### OPHTHALMIC TREATMENT

Mr. Malcolm Ferguson, the ophthalmologist, contributes the following.

"The number of cases seen continues to increase, but the inflammatory conditions of the eye and its adnexa are seen less, year by year. It is a matter of routine to supervise cases of defective vision (for example, amblyopic eyes) every eighteen months or so, even when no treatment is contemplated, in order to give confidence to the parents. Children at the School for the Blind are seen at least twice a year."

The lack of room in the eye clinic is still keenly felt ; there should be a room where a child could be taken by the school nursing sister, when time and patience are required to obtain an accurate vision. The presence of a dispensing optician would be a great help.

Amongst children attending the Central Clinic there are always a certain proportion whose eyes are normal, or at any rate within normal limits, but who complain of various symptoms. Some require sympathy and understanding with explanation. With others it may be a manifestation of some psychological disorder. The child must be considered as an entity, not merely as one who has 'defective vision'. An eye clinic should not be looked upon simply as a place where glasses are prescribed.

There are now three orthoptists, who attend at the clinic and the Royal Hospital, whose treatment of squint and other conditions is of great value."

There were 2,820 pairs of spectacles prescribed.

	Cases.	Attendances.
<b>Errors of refraction :—</b>		
Hypermetropia .. .. .. ..	210	.. 338
Myopia .. .. .. ..	693	.. 1,071
Astigmatism .. .. .. ..	2,569	.. 4,287
Anisometropia .. .. .. ..	185	.. 250
Congenital defects .. .. .. ..	74	.. 120
Inflammatory conditions .. .. .. ..	84	.. 162
Injuries .. .. .. ..	26	.. 44
<b>Squint :—</b>		
Strabismus, convergent .. .. ..	487	.. 884
,, alternating convergent .. .. ..	179	.. 341
,, „ divergent .. .. ..	25	.. 45
,, divergent .. .. ..	18	.. 32
Phoria .. .. .. ..	87	.. 156
Other .. .. .. ..	361	.. 526
	<b>4,998</b>	<b>.. 8,256</b>

#### ORTHOPTIC TREATMENT

Miss Guèrin supplied the information on which this is based. The number of new cases seen during the year was 295, but with those outstanding from the previous year the total number of children seen was 408. The number of attendances was 1818.

The orthoptists carry out a large number of visual and other tests on children due to attend the ophthalmic clinic. Squints and latent squints are examined in detail, and classified, then treatment is carried out on suitable cases. 158 children were treated, and of those 17 were considered completely cured, 41 markedly improved, 76 improved, and 7 aesthetically improved.

## EAR, NOSE AND THROAT DEFECTS

The figures in brackets refer to the numbers attending in 1953.

Mr. A. Young, the otologist, was replaced by Mr. R. Peasegood at the end of 1953. Mr. Peasegood held two sessions a week at the Central Clinic for children referred to him by the school medical officers until, in September, the Tonsillectomy Unit for Children was opened by the Regional Hospital Board. He was then no longer able to come for the second session, so instead remained longer during the one weekly visit.

The total number of children seen during the year was 1,044 (1,312), and of those 807 (1,086) were new cases. The children made 1,446 (2,150) attendances. The total number of operations performed was 269 (288), 261 (258) being for tonsils and adenoids only. In addition the three hospitals have supplied their figures for operations for tonsils and adenoids :—

Royal Infirmary	..	..	..	..	..	..	810
Royal Hospital	..	..	..	..	..	..	753
Children's Hospital	..	..	..	..	..	..	341

The following table gives an analysis of the reasons for attendance at the clinic :—

Deafness	..	..	..	..	..	..	155
Otitis media	..	..	..	..	..	..	130
Tonsils and adenoids	..	..	..	..	..	..	358
Tonsils	..	..	..	..	..	..	79
Adenoids	..	..	..	..	..	..	58
Rhinitis	..	..	..	..	..	..	24
Polypus	..	..	..	..	..	..	14
Deflected septum	..	..	..	..	..	..	7
Other conditions	..	..	..	..	..	..	91
No treatment advised at present	..	..	..	..	..	..	128
							<hr/> <u>1,044</u>

### AURAL SURVEY—OTITIS MEDIA

It was mentioned in the 1953 report that an Aural Survey was carried out in an attempt to gauge the total extent of otitis media in the City. A register was compiled of those whose ears were discharging at the time, and if they were not already under treatment the parents were offered a consultative appointment. As it was not practicable to have up to 75,000 children surveyed by the school medical officers, it was arranged for the school nursing sisters to visit their own schools, and see every child. They were equipped with electric auriscopes, but time and the available facilities did not permit of this type of examination in all cases. Just under half the number with discharging ears availed themselves of the opportunity of the consultant's advice.

In the beginning of 1954 a repeat survey was undertaken to see whether or not, with the work done, the situation had improved at all. The school nursing sisters obtained a history of discharging ears in 2,430 children, but on analysing the components of the figure the result is considered quite unreliable. The parent not being present, this history was of necessity obtained from the child, and many children are poor informants, readily saying what they think the adult expects. 450 children had some discharge at the time of viewing. This number was disappointingly similar to that of 1953, but it should be emphasised that it is not completely reliable as it was not possible to carry out a full auriscopic examination of each child.

The position regarding acute otitis media is good as with a short course of modern treatment it clears rapidly, and parents are in general willing to attend with the child at their own doctor or the clinic for the requisite time. Chronic otitis media presents a greater problem, in that continued attendance for treatment or observation over a long period is essential. Some of those who elect to attend their general practitioner or the hospital do so regularly ; but there is a hard core who find treatment irksome and in saying they will obtain this "privately" have no serious intention of carrying it out. If they accept treatment at the clinic the follow up system can search out all defaulters, and ensure some continuity.

#### AUDIOMETRIC GROUP TESTING

The systematic testing of hearing groups by the 4-AE gramophone audiometer, in children aged 9+ years, was continued.

Number tested 1948	..	..	..	..	..	1,984
1953	..	..	..	..	..	7,045
1954	..	..	..	..	..	8,007

All children who are found to have more than nine units loss on the first test are re-tested to eliminate such factors as novelty, lapse of concentration and nervousness. 29 children were absent for all tests and along with 43 doubtful passes will be included in the testing for 1955.

Of the 8,007 children tested the following analysis is made according to the number of ears tested :—

Group A (3—6 decibels loss)	13,633 Normal ears
Group B (9—18 „ „ )	2,238 Slightly deaf ears
Group C. (21—30 + „ „ )	143 Partially deaf ears
	<u>16,014</u>

Of the children with defective hearing in both ears, the following analysis is made :—

Group B .. .. .. .. .. .. .. ..	62
Group C .. .. .. .. .. .. .. ..	22

Special letters were sent to 446 parents, indicating that the test showed the child to have defective hearing. The parents were advised to consult their own doctor or the medical officers at the branch clinics without delay. 116 attended their own practitioner, 26 attended a hospital and 304 the branch clinics.

The conditions found in those examined were :—

Cerumen .. .. .. .. .. .. .. ..	120
Otitis media (including eustachian catarrh)—	
Acute .. .. .. .. .. .. .. ..	10
Chronic—active or quiescent .. .. .. ..	110
Otitis externa .. .. .. .. .. .. .. ..	24
Chronic tonsillitis and adenoids .. .. .. ..	10
Sinusitis .. .. .. .. .. .. .. ..	2
Perception deafness .. .. .. .. .. .. .. ..	9
Mixed perception and conductive deafness .. .. .. ..	1
Referred to Aural Surgeon for diagnosis .. .. .. ..	13
Nil abnormal found but to be kept under observation .. .. .. ..	5
	304

255 children from the group test were referred for pure-tone audiometer test. This included some children who had been absent in the group re-test as it was found more convenient to re-test them individually.

The 304 children who attended the branch clinics after the group test in response to the letters to their parents were disposed as follows at the end of the year :—

Discharged .. .. .. .. .. .. .. ..	183
Attending branch clinic for treatment .. .. .. ..	36
Attending branch clinic for observation .. .. .. ..	39
Referred to Aural Surgeon and still attending .. .. .. ..	33
Awaiting appointment with Aural Surgeon .. .. .. ..	13
	304

It was thought worthwhile to re-test after treatment 248 of the 446 children found deaf by the group test :—

BEFORE TREATMENT		AFTER TREATMENT	
Group A. Normal ears ..	158	Group A. Normal ears ..	446
,, B. Slightly deaf ears ..	287	,, B. Slightly deaf ears ..	50
,, C. Partially deaf ears ..	51	,, C. Partially deaf ears ..	—

11 children of Grade IIA deafness were recommended to be allowed to sit near the front of the class in the most favourable position for hearing and of those, one, in addition, was referred to the class for instruction in lip reading.

### PURE TONE AUDIOMETRIC TESTING

The hearing of 529 children was tested individually by means of the pure tone audiometer. During the year some of these children were re-tested so that a total of 567 audiograms were taken.

The children were referred as follows :—

School Medical Officers	..	..	..	..	..	192
Aural Surgeon	..	..	..	..	..	70
Speech Therapists	..	..	..	..	..	8
General Practitioners	..	..	..	..	..	4
After gramophone audiometer test	..	..	..	..	..	255

### ANALYSIS OF RESULTS :—

Loss of 20 or more decibels in one ear	..	..	..	..	..	167
Loss of 20 or more decibels in both ears	..	..	..	..	..	104
Slight impairment of hearing—for observation	..	..	..	..	..	67
No impairment of hearing after treatment	..	..	..	..	..	97
Discharged as no appreciable loss	..	..	..	..	..	94

The diagnosis of the 242 children who attended the branch clinics follows :—

### CONDUCTIVE DEAFNESS

Otitis media (including eustachian catarrh) :—

Acute	..	..	..	..	..	2
Chronic—active or quiescent	..	..	..	..	..	139
Chronic tonsillitis and enlarged adenoids	..	..	..	..	..	43
Sinusitis	..	..	..	..	..	4
Mixed deafness	..	..	..	..	..	7
Perception deafness	..	..	..	..	..	27
Awaiting appointment with Aural Surgeon	..	..	..	..	..	20

50 of the above children were referred by the Aural Surgeon for operative treatment, 43 being for tonsils and adenoids operation, 2 for radical mastoid operation, 1 for aural polypus, and 4 for antral irrigation.

Of the children referred for pure tone testing, 35 were of Grade IIA deafness and required special educational treatment. All were recommended to sit in a favourable position for hearing in the class. 9, in addition, required to attend the class for lip reading, and 2 of these required hearing aids.

It should be mentioned that 16 children, not included in the above audiometer tests, were seen for marked deafness and admitted to the Maud Maxfield Day School. Their hearing was tested by other means as they were too young and too profoundly deaf for accurate audiograms to be obtained.

To recapitulate, in the group testing of 8,007 children of one age group, 11 needed special help educationally under the Handicapped Pupils Regulations, and in the 529 children of all ages selected clinically, 35 needed this special educational help. In the latter group the degree of deafness was greater in that 2 needed hearing aids and 9 lip reading, and in the former only one required lip reading.

### HEARING AIDS

These are being used in increasing numbers as selected children are found to benefit with them. Under the Handicapped Pupils Regulations the deaf or partly deaf children requiring special educational treatment, include a number of groups ; of those being educated at the ordinary school but attending the class for lip reading (Grade IIA) 16 were using hearing aids ; of the partly deaf admitted to the Maud Maxfield School (Grade IIB) 33 were using them ; for the markedly deaf without naturally acquired speech (Grade III) at the Maud Maxfield School, 10 were in use.

When hearing aids are ordered in all cases instruction in their use is given by a trained teacher of the deaf. When a child uses an aid incorrectly the effect is definitely unpleasant and prejudices the child against it. Miss Elliott, the Head Teacher at the School for the Deaf, and her Staff, are devising means of interesting children in hearing aids, to induce them to want to wear them. Lessons given in the amplifying room, which appeal greatly to the children, show them the benefit received from a hearing aid, and afterwards they are conscious how much they are missing without it. Some of them then ask if they may have an aid ; such a child afterwards will not have to be told to wear it, as full co-operation is already established.

### SPEECH THERAPY

#### ANALYSIS OF WORK CARRIED OUT DURING 1954

Cases already open at 1st January, 1954	..	..	..	..	..	..	99
Cases opened during 1954	..	..	..	..	..	..	171
							270
Cases closed during 1954	..	..	..	..	..	..	90
Cases open at 31st December, 1954	..	..	..	..	..	..	180
							—

#### ANALYSIS OF CASES OPEN AT 31ST DECEMBER, 1954

Number under	Stammer	Speech Defect	Stammer plus Speech Defect	Dysarthria	Cleft Palate	Total
Treatment ..	28	48	9	5	2	92
Supervision ..	49	25	5	3	2	84
Investigation ..	2	2	—	—	—	4
						180

Cases on waiting list at 1st January, 1954	..	..	..	..	..	68
Cases referred during 1954	..	..	..	..	..	122
						190
Cases opened during 1954	..	..	..	..	..	171
Cases on waiting list at 31st December, 1954	..	..	..	..	..	19
						—

**REASONS FOR CLOSING CASES DURING 1954****I. TREATMENT CASES. NO CAUSATIVE ORGANIC DEFECT DIAGNOSED.**

	Regular treatment			Supervision		
	A	B	C	A	B	C
1. Good result .....	6	3	27	4	—	2
2. Improved as far as nature of case will allow .....	2	2	1	—	—	1
3. Improved. Left school prior to completion of treatment .....	3	—	—	1	—	—
4. Improved. Removed from district ..	—	—	1	—	—	1
5. Improved Closed for non-attendance ..	2	1	7	—	—	—
6. Closed at parents' request .....	4	—	2	2	—	—
7. Unsuitable for further treatment ..	—	—	—	1	—	1

A.....Stammer.

B.....Stammer + speech defect

C.....Defective speech.

**II. TREATMENT CASE. A CAUSATIVE ORGANIC DEFECT DIAGNOSED.**

Improved as far as nature of defect will allow. 1

**III. OBSERVATION CASES.**

After a period of observation treatment not indicated. 3

**IV. DIAGNOSTIC INTERVIEW ONLY.** 7**V. CASES WITHDRAWN BEFORE INTERVIEW FOR VARIED REASONS.** 5**INTERVIEWS**

Treatment interviews with children .....	..	..	..	..	..	..	3,503
Diagnostic interviews with children .....	..	..	..	..	..	..	164
Interviews with parents .....	..	..	..	..	..	..	1,229
Interviews with other members of the S.H.S...	..	..	..	..	..	..	364
Recall interviews after discharge .....	..	..	..	..	..	..	48

**VISITS**

Visits by therapists to schools .....	..	..	..	..	..	..	136
Visit by therapists to clinics, homes and hospitals, etc. ....	..	..	..	..	..	..	21

**NUMBER OF CHILDREN REFERRED TO OTHER SPECIALISTS**

To Educational Psychologist for mental assessment .....	..	..	..	..	..	..	35
To Child Guidance Centre for opinion .....	..	..	..	..	..	..	3
For medical examination .....	..	..	..	..	..	..	15
For audiometer tests .....	..	..	..	..	..	..	9

Miss Logan, the Head Speech Therapist, reports as follows :—

" I am very pleased to record that this clinic has been fully staffed for the whole year. In January, 1954, we welcomed Miss A. Cooper, who was appointed to the post of Assistant Speech Therapist. This meant a considerable reduction in our rather formidable waiting list and, later in the year, we were in the happy position of being able to admit children for treatment almost as soon as they were referred by the school medical officers.

This very satisfactory state of affairs at the clinic meant that at last we could think of providing speech therapy for some of the children at Special Schools. This had not been possible since 1949, when a therapist made regular visits to Wadsley Bridge Special School for E.S.N. Pupils. It was decided that the most urgent cases were to be found in the Schools for the Physically Handicapped, and investigations were made there. All children with speech difficulties were interviewed, and it was found that there were very few children in need of regular treatment at Mayfield Special School for the Physically Handicapped as some were already receiving treatment at the Sheffield Children's Hospital, and arrangements were accordingly made for the others to be seen at the clinic. At Arbourthorne Special School for the Physically Handicapped, however, there were sufficient cases to make it profitable for a speech therapy session to be held there once a week. Miss B. M. Gray, Assistant Speech Therapist, who has been responsible for these sessions, makes the following report :—

“When I visited Arbourthorne Special School for the Physically Handicapped ten children were referred to me by the Head Teacher as having defective speech. Of these children, three were found to have speech consistent with their mental age and emotional development, and they are being kept under monthly supervision ; one case of muscular dystrophy is also being supervised. One boy was found to be already receiving speech therapy at the Sheffield Children's Hospital and his name was therefore removed from our list. The remaining five children then commenced weekly treatment on the 4th April, and it is felt that while progress is slow, and hampered by the frequent absences of the children, this session spent at the school is proving beneficial.”

Bents Green School for Delicate Children was visited, but there was an insufficient number of children with speech defects to employ a therapist for a weekly session at this school. The odd child can be treated by attendance at the Speech Therapy Clinic.

The Tape Recording Machine, which the clinic now boasts, was delivered in April, 1954, and quickly became an indispensable part of our equipment. It has proved invaluable both for therapeutic and record purposes.”

#### DENTAL TREATMENT

The Principal School Dental Officer submits the following report :—

#### STAFF

At the end of the year 1954, the dental staff consisted of seven full-time dental officers, three part-time dental officers, one part-time orthodontist, one part-time dental anæsthetist, one dental technician and ten dental attendants.

Two part-time dental officers are employed for a total of five sessions a week and a third commenced duties on December 1st on a basis of five sessions a week. The orthodontist appointed on October 1st and the dental anæsthetist each worked five sessions a week.

The oral hygienist resigned at the end of August to take up an appointment with another local authority and a new appointment had not been made at the end of the year. One dental attendant resigned because of a breakdown in health and another to take up home duties. Two appointments were made to replace them.

#### **INSPECTION**

Dental officers attended 48 (34) school departments on 137 (157) sessions and examined 19,138 (20,015) children. A further 7,903 (8,746) children referred by the head teachers and the school medical staff were examined in the clinics. Either one or two mornings are reserved each week in all clinics for the examination and urgent treatment of children in pain, and on each Saturday morning the clinics are open for the attendance, without appointment, of those parents and children who wish to have advice.

Approximately 35% of the school population was inspected during the year. There were 22,079 (20,015) found to require treatment and it was offered to 17,963 (16,818). That patients are selected for treatment is the logical result of the shortage of staff. Treatment must be offered to those with grossly carious or septic teeth. To those parents and children who are keen to receive treatment it is offered, and quite naturally withheld from those who are indifferent and waste time by continually breaking appointments. It is more profitable also, to carry out conservative work for those children who look after their teeth rather than for those who are negligent and refuse to keep them clean. The conservation of the permanent teeth is more important than that of the deciduous teeth, and because the time available is limited, unless a parent should particularly ask for them, fillings are rarely placed in the latter.

#### **TREATMENT OF ROUTINE AND CASUAL PATIENTS**

Early in the year, dental officers were asked to complete, when practical, the treatment in one visit of those patients attending for the extraction of teeth. The number of appointments made for those attending general anæsthetic sessions was reduced to make this possible by allowing more time to be spent on individual children. It is one's experience that children prefer this, and any reduction in the number of attendances made is of benefit to parents who must accompany their children on these occasions, and to the teaching staff also because it follows that absence from school is less frequent. The result of this is that some 3,000 more teeth were extracted this year than last year for a total of 12 less general anæsthetics.

That more teeth were extracted was due in part to the addition of one full-time dental officer to the staff employed the previous year, but the ratio of teeth extracted per administration of a general anæsthetic was more satisfactory. It is felt, however, that a further improvement could be made. Because the work of extracting teeth was shared between a greater number of dental officers and because they were relieved, through the appointment of the orthodontist on five sessions a week, of much of the orthodontic treatment, more time could be allocated to the conservation of teeth, with the result that 8,339 teeth were filled compared with 6,275 in the previous year.

In Sheffield, appointments for children to visit the dental clinics have always been made from the office in the Central Clinic. Where a staff of only one or two officers exists, this system would be satisfactory but it at once becomes unwieldy when a much larger staff is employed. Only the dental officer concerned could be aware of the time which should be allocated for individual patients, and which patients could profitably be given further appointments when previous ones have been broken. Arrangements were being made towards the end of the year for all dental officers to be responsible for making their appointments through their own dental attendants, and by the end of December, five had already assumed this duty. This should remove the somewhat annoying restrictions of the old system ; it lends itself to a more economical use of time and a shorter interval becomes possible between the commencement and completion of treatment for any one patient.

#### **OTHER TREATMENT**

In the summary of treatment for the year a large number of items are grouped together under the heading 'Other Treatment' and these are detailed below :—

Scaling and cleaning of teeth .. .. .. .. .. .. ..	1,174
Dressings .. .. .. .. .. .. .. ..	1,832
Silver nitrate treatment .. .. .. .. .. .. ..	4
Miscellaneous minor treatment .. .. .. .. .. .. ..	630
X-rays .. .. .. .. .. .. .. ..	156

#### **TREATMENT OF HANDICAPPED CHILDREN IN SPECIAL SCHOOLS**

The inspection of all the children in attendance at Special Schools was completed, though some were still in the course of being treated at the end of the year.

Children who are blind or deaf are often so pleasant and inquisitive that they become very interesting to treat. The high standard of training which they receive makes them very co-operative, and the personal help given to the dental officer by the head teachers and the school nursing sisters who look after these children also adds to the enjoyment of the work.

When the extraction of teeth has been required it has been adopted as a routine procedure for a school medical officer to examine each child and provide individual reports on suitability for a general anaesthetic. This has been of assistance to the dental anaesthetist, as the availability of a short medical history and the opinion of a medical officer who has personal knowledge of the patient saves time and indicates to what extent an anaesthetic may be safely given.

While the treatment for four of the schools was carried out in the clinics, the children for the remaining four were treated on the school premises and adequate facilities and equipment have been provided for this purpose. This is a convenient arrangement of particular help in the case of the Maud Maxfield School for the Deaf and the Sheffield School for the Blind, and is valuable in quickly establishing friendship between the dentist and patient.

A summary of the work carried out for these children is given below :—

### ORTHODONTIC TREATMENT

Patients requiring orthodontic treatment may be divided into two groups. There are some who present an irregularity in the position of one or two teeth, a condition which may be successfully treated in the space of a few weeks by means of simple removable appliances. There are others who present both irregularity in the position of the teeth and in the development of the bones of the jaws, and require treatment over a period of several years involving the use of both fixed and removable appliances. In some cases the help of the plastic surgeon, the ear, nose and throat specialist or the speech therapist is necessary.

It has been the practice of all the dental officers to carry out orthodontic treatment for their own patients when this could be done by the use of simple appliances. They refer the more difficult cases for specialist treatment by the orthodontist.

For the first nine months of the year, Mr. J. H. Gardiner, the head of the Orthodontic Department of the Charles Clifford Dental Hospital, attended the Central Clinic on one session per week, a favour granted to us by Professor G. E. Roberts. On his resignation, Mr. H. L. Eirew from that department was appointed to work on five sessions a week. By the end of the year this had resulted in there being no further need to retain a waiting list of patients requiring treatment. Parents have been delighted to find that such treatment is now readily available in the School Dental Service.

The work of the orthodontist and the school dental officers appears in separate summaries below.

### TREATMENT GIVEN BY THE ORTHODONTIST

Attendances	APPLIANCES		New patients commenced treatment	Patients completed treatment	No. Sessions spent on treatment
	Removable	Fixed			
451	74	52	89	12	58

### TREATMENT GIVEN BY SCHOOL DENTAL OFFICERS

Attendances	No. Removable Appliances	New Patients Commenced Treatment	Patients Completed Treatment	Permanent teeth extr'd. for reg'n. purposes.
1,213	132	76	70	369

## **ORAL HYGIENE**

The oral hygienist was employed during the first eight months of the year, for the treatment of children and mothers referred from the Maternity and Child Welfare Department. On five occasions she took part in group talks to mothers on 'Mothercraft' which were organised by that department in the welfare clinics.

Because the work of an oral hygienist must be supervised by a qualified member of the staff, her work has been restricted to the two areas of the City where a clinic having two surgeries exists, one of which could be made available. Occasional sessions were spent in the Central Clinic when a surgery happened to be vacant. This has presented some difficulty in selecting a sufficient number of suitable patients to keep an oral hygienist fully occupied. It frequently happens that children ask if they can have their teeth cleaned, and these will not usually break appointments. When those whose mouths are dirty are unconcerned, a considerable wastage of time occurs by breaking appointments and unfortunately it is just this type of patient who is in most need of the help of the oral hygienist whose task it is to instruct patients and train them in the regular use of a toothbrush.

A summary of the treatment carried out by the oral hygienist for school children is given below, and that for mothers is given in the section dealing with Maternity and Child Welfare.

Number of new patients .. .. .. .. .. .. .. .. ..	1,250
Number of patients whose treatment was completed .. .. .. .. ..	875
Number of patients discharged as failing to complete treatment .. .. ..	314
Attendances .. .. .. .. .. .. .. .. .. ..	1,311
Appointments not kept .. .. .. .. .. .. .. .. ..	836
<i>Treatment</i> —scaling and polishing .. .. .. .. .. .. .. ..	1,292

Dental Education.

Number of hours devoted to group talks..	..	..	..	Nil.
Time spent in individual instruction ..	..	..	..	200 hours approx
Number of sessions .. .. .. .. .. ..	272			
Number of hours worked .. .. .. .. .. ..	816			
Time lost through broken appointments ..	..	..	..	200 hours approx.

## MATERNITY AND CHILD WELFARE TREATMENT

This year it was found necessary to spend 212 half days on the inspection and treatment of mothers and children referred from the Maternity and Child Welfare Department.

Mothers attended the Central Clinic for examination and advice, on one session each fortnight. Provision was made for the inspection of 750 mothers and of the 470 who were asked to attend the clinic, 299 kept the appointments made. It was evident this year that the Medical Officers of the Welfare Centres had gone to some considerable trouble in selecting patients who were likely to accept the treatment offered, the result being that treatment was completed for 160 patients compared with the figure of 96 for the previous year.

Children under five invariably attend for the relief of pain. As particulars of each child are received from the Welfare Clinics, appointments are sent off without delay for the child to attend the next general anaesthetic session to be held in the dental clinic situated nearest to the home address.

A summary of the work done for mothers and children is given and the figures in brackets are those for 1953 so that a comparison may be conveniently made.

#### WORK CARRIED OUT BY SCHOOL DENTAL OFFICERS

	Examined	Needing treatment	Treatment	Made dentally fit
Expectant and Nursing mothers ..	299 (187)	294 (187)	204 (159)	160 (96)
Children under five	180 (180)	163 (172)	161 (172)	161 (171)

#### TREATMENT PROVIDED

	Scalings and Gum Treatment	Fillings		Extractions
		196 (253)	1,058 (562)	
Expectant and Nursing Mothers ..	99 (120)	1 (Nil)	320 (253)	
Children under five ..				
	General Anaesthetics	Dentures provided	Radio-graphs	
		Full upper or lower	Part upper or lower	
Expectant and Nursing Mothers ..	190 (137)	41 (21)	56 (53)	21 (44)
Children under five ..	158 (166)	Nil (Nil)	Nil (Nil)	Nil (Nil)

## WORK CARRIED OUT BY THE ORAL HYGIENIST FOR EXPECTANT AND NURSING MOTHERS.

Number of new patients	..	..	..	..	..	..	..	69
Number of patients whose treatment was completed	..	..	..	..	..	..	..	37
Number of patients discharged as failing to complete treatment	..	..	..	..	..	..	..	37
Attendances	..	..	..	..	..	..	..	72
Appointments not kept	..	..	..	..	..	..	..	57
Treatment—Scaling and polishing	..	..	..	..	..	..	..	72
Dental Education :—								
Number of hours devoted to group talks	..	..	..	..	..	..	..	15
Time spent in individual instruction	..	..	..	..	..	..	..	22 hours
Number of sessions	..	..	..	..	..	..	..	28
Number of hours worked	..	..	..	..	..	..	..	84
Time lost through broken appointments	..	..	..	..	..	..	..	40 hours

## DENTAL TECHNICIAN

All the mechanical work required by the School Dental Service is carried out in the dental laboratory in the Heeley Clinic, with the exception of the casting of impressions and minor adjustments to dentures which is part of the treatment provided for mothers attending the Central Clinic.

It was found that the appointment of an orthodontist on the basis of five sessions a week in October had resulted in such an increase of mechanical work at the end of the year that if full use were to be made of his services, it became essential to employ a second full-time technician.

A summary of the work carried out in the laboratory is given and for the purpose of comparison the figures for the previous year are given in brackets.

Dentures		Removable appliances	Repairs to removable appliances	Fixed appliances	Repairs to fixed appliances	Study Models	Other Work
Part	Full						
167 (184)	43	203 (164)	20 (11)	76 (62)	13 (2)	34 (53)	5 (8)

It is felt that the attendance of the dental technician on a refresher course in dental mechanics would be stimulating and is very necessary in view of the improvements recently introduced in technical processes. Conveniently short courses, however, do not exist but it was found possible to arrange for him to spend a day in a large commercial dental laboratory to receive instruction in the casting of metal dentures by an entirely new method.

#### **TOPICAL APPLICATION OF SODIUM FLUORIDE**

We have been concerned for the last five years in providing information with regard to an investigation being made by the Ministry of Education into the effectiveness of the topical application of sodium fluoride, and it was Mr. A. E. Gisburn who undertook the responsibility for providing the statistical details required. In the first year a number of children were selected, certain teeth were treated by the application of sodium fluoride, and a precise report has been made each year since on the incidence of caries in the mouths of these children.

In this work Mr. Gisburn has been helped by the oral hygienist, and this year is the last for which information will be required.

#### **CLINICS**

The Chief Medical Officer of the Ministry of Education has reported that since 1950 there has been a steady increase in the total number of dental officers employed in the School Dental Service. It is hoped that it may be possible to secure the service of additional officers in Sheffield within the next few years, and it will give rise to the necessity for the provision of additional clinics if they are to be properly employed, and if the children from certain schools are to be able to attend for treatment without travelling inconveniently long distances. It has been remarked that children from districts in which a clinic is not placed within easy reach break many more appointments, and this leads inevitably to the loss of the dental officers' time.

The extensions and alterations to the Owler Lane Clinic carried out by the City Architect's Department have greatly improved the premises. Mr. A. E. Clarke has particularly expressed his thanks for the provision of new and additional windows in the surgery which are a great help in carrying out his work. The extension has provided adequate facilities for the rinsing of mouths after the extraction of teeth, lavatory accommodation and a small room where a patient may recover from administration of a general anæsthetic without having to return to the waiting room.

#### **IN CONCLUSION**

The dental staff would like to take this opportunity to express their thanks to other departments of the Education Committee for their co-operation and assistance. The head teachers have been particularly helpful and though a school dental inspection involves them in a good deal of extra work, dental officers are always made welcome on these occasions.

Thanks are due to the staff of the Charles Clifford Dental Hospital for the treatment of one or two children who were suffering from excessive bleeding, the removal of an infected cyst from a mother referred from the Maternity and Child Welfare Department and the treatment of several children who on the advice of the Principal School Medical Officer were referred to them on account of exceptional physical disability.

## ORTHOPÆDIC AND POSTURAL DEFECTS

The orthopædic clinics followed the usual pattern, the greatest number of children having minor defects. 1,025 children were seen and only 74 of these had a defect of such a degree that transference to hospital was found necessary.

A summary of the cases is given below :—

Conditions	Number of cases attended
Cerebral palsy .. .. .. .. .. .. ..	19
Poliomyelitis (paralytic) .. .. .. .. .. .. ..	5
Schlatter's disease .. .. .. .. .. .. ..	3
Sever's disease .. .. .. .. .. .. ..	6
Bursitis heel .. .. .. .. .. .. ..	2
Metatarsalgia .. .. .. .. .. .. ..	3
Ganglion foot .. .. .. .. .. .. ..	1
Semi-membranous bursa .. .. .. .. .. .. ..	2
Pes cavus .. .. .. .. .. .. ..	22
Pes planus .. .. .. .. .. .. ..	381
Pes valgus .. .. .. .. .. .. ..	79
Genu valgum .. .. .. .. .. .. ..	147
Genu varum .. .. .. .. .. .. ..	2
Congenital deformities :—	
Talipes .. .. .. .. .. .. ..	4
Dislocation hip .. .. .. .. .. .. ..	3
Claw toe .. .. .. .. .. .. ..	3
Torticollis .. .. .. .. .. .. ..	3
Short leg .. .. .. .. .. .. ..	2
Claw foot .. .. .. .. .. .. ..	12
Deformity hand .. .. .. .. .. .. ..	1
Adduction of toes .. .. .. .. .. .. ..	18
Scoliosis .. .. .. .. .. .. ..	9
Kyphoses .. .. .. .. .. .. ..	7
Poor posture .. .. .. .. .. .. ..	9
Hallux rigidus .. .. .. .. .. .. ..	11
Hammer toe .. .. .. .. .. .. ..	17
Hallux valgus .. .. .. .. .. .. ..	27
Overlapping toes .. .. .. .. .. .. ..	17
Deformed toes .. .. .. .. .. .. ..	22
Hallux flexus .. .. .. .. .. .. ..	2
Prominent heels .. .. .. .. .. .. ..	2
Foot strain .. .. .. .. .. .. ..	2
Exostosis os calcis .. .. .. .. .. .. ..	2
Exostosis tibia .. .. .. .. .. .. ..	1
Others .. .. .. .. .. .. ..	92
Nil abnormal found .. .. .. .. .. .. ..	87
 C A S E S .. .. .. .. .. .. ..	 1,025
 A T T E N D A N C E S .. .. .. .. .. .. ..	 1,307

Number of new cases .. .. .. .. .. .. ..	395
Number of old cases .. .. .. .. .. .. ..	630
Number of cases discharged .. .. .. .. .. .. ..	419
Number of cases transferred to hospital .. .. .. .. .. .. ..	74
Number of operations advised .. .. .. .. .. .. ..	13
Number of operations performed .. .. .. .. .. .. ..	2
Number of new appliances ordered .. .. .. .. .. .. ..	613
Number of repairs to appliances .. .. .. .. .. .. ..	101
Number of cases receiving treatment .. .. .. .. .. .. ..	600
Number of cases under observation .. .. .. .. .. .. ..	425

**KING EDWARD VII ORTHOPAEDIC HOSPITAL AND ORTHOPAEDIC CLINICS**

Dr. Herzog has supplied the information on which the following is based :—

<b>HOSPITAL :—</b>		<b>1953</b>	<b>1954</b>
<i>In-patients.</i>			
Number of school children treated for non-tubercular conditions		34	71
Number of school children treated for tuberculosis of bones and joints .. . . . .		29	45
<i>Out-patients.</i>			
Number of attendances made .. . . .		263	130
<b>CLINICS :—</b>			
New cases of school children who attended this year ..		28	6
Number of attendances made .. . .		1,730	1,667
Total number of attendances at the weekly session for poliomyelitis held at the Corporation Baths .. . .		393	309

The increase in the number of patients in the hospital during the year is due to the more adequate accommodation since the opening of the new wards, and to the fact that the hospital is now accepting more patients for surgical treatment. The turnover is thus increased ; for example, three-quarters of the poliomyelitis patients are cases from the 1947 epidemic and have come in for tendon transplants and other reconstructive measures. These are short-stay cases compared with new cases of poliomyelitis. Dr. Herzog stresses the fact that the increase in the number of patients in the wards does not signify an increase in tuberculosis or poliomyelitis.

**CHIROPODY CLINIC**

The work of the Chiropody Clinic has been fully reported in previous years. 740 new and 68 old cases were treated during the year, involving 1721 attendances. At the end of the year 19 children were still under treatment.

## HEART DISEASES AND RHEUMATISM

The Pædiatrician from the Department of Child Health attends at the Clinic for Rheumatism and Heart Disease each week. A summary of the cases seen by him follows :—

Condition	New Cases	Old Cases	Attendances
1. Rheumatic pains or Arthritis— (a) With heart affection .. ..	5	7	14
(b) Without heart affection .. ..	1	1	4
2. Rheumatic Chorea— (a) With heart affection .. ..	—	3	4
(b) Without heart affection .. ..	1	2	4
3. Rheumatic Heart Disease without (1) or (2) above .. .. .. ..	4	35	45
4. Congenital Heart Disease .. ..	15	51	84
5. Functional Heart Disorder .. ..	11	28	42
6. No Rheumatism or Heart Disease or Disorder .. .. .. ..	25	5	34
7. Recent Rheumatism. No longer active. No Carditis .. .. .. ..	9	21	39
<b>TOTALS .. .. .. ..</b>	<b>71</b>	<b>153</b>	<b>270</b>

## TUBERCULOSIS

Co-ordination between the School Health Service and the Sheffield Chest Clinic continues smoothly. Dr. Midgley Turner's report on the work in relation to school children follows :—

"The work of the Chest Clinic amongst tuberculous school children and suspects continues to be carried out in close co-operation with the School Medical Department.

The names of all children, who are known to have been in contact with infectious cases of tuberculosis in their homes, are supplied to the School Medical Officer. By this means the School Medical Officer is able to keep these children under specially close supervision. During 1954, 158 of these contacts were reported to the School Medical Officer.

Re-arrangement of sessions has been made in connection with the examination of contacts at the Chest Clinic. The Contact Clinic for both children and adults is on Wednesday morning. At this clinic children are given a preliminary Mantoux test and then attend on Friday morning for the reading of this test. If the Mantoux is negative, B.C.G. vaccination is offered, if the Mantoux test is positive the child is X-rayed and any necessary advice or treatment given.

A supervisory clinic for children under observation or treatment for tuberculous infection is now held on Wednesday afternoon. During 1954, 367 contacts of school age were examined and 79 were retained under supervision at the Chest Clinic. During the year 3,000 attendances were made by school children at the Chest Clinic exclusive of new cases. These were made up of 970 attendances of notified cases of tuberculosis and 2,030 attendances of children for observation.

**NEW CASES.** The number of new cases of school-children examined at the Chest Clinic was as follows :—Notified cases of Tuberculosis of the lungs 25, contacts 367, and suspicious cases 418. Of the latter 39 were sent up by the School Medical Officer.

In connection with the examination of school children 1,421 X-ray films were taken.

During the year, 28 notified and 49 suspicious cases were admitted into sanatorium for observation and treatment. A Mantoux test is carried out on all children admitted to sanatorium for either observation or treatment. In addition, 910 Mantoux tests were carried out at the Chest Clinic, mainly on contact children.

The number of Notifications of Tuberculosis in school children received was :—

PULMONARY	Males ..	22	NON-PULMONARY	Males ..	2
	Females ..	21		Females ..	1

Tubercle bacilli were found in the sputum or pleural fluid of six school children.

The scheme for B.C.G. vaccination of child contacts of cases of tuberculosis has been continued. During 1954, 248 school children were given B.C.G. vaccination.

It is pleasing to know that a start has been made with the scheme for B.C.G. vaccination of pre-school leavers. The Medical Officer of Health gives me the figure of 111 vaccinated under this scheme during 1954 and it is to be hoped that during 1955 the whole of the current group of Mantoux negative pre-school leavers will be vaccinated. The working of this scheme should also give some interesting information as to the relative proportion of infected and non-infected children at these ages.

Forty-six places at the Whiteley Wood Open Air School were reserved for children selected by the Chest Physicians. Should the whole of the 46 places not be required there is an arrangement whereby the vacant places are filled by the School Medical Officer. The children selected have signs of infection of the chest glands without marked invasion of the lung tissues and are, therefore, in a non-infectious condition.

In addition twenty-six places were reserved at Springvale House Open Air School for children selected at the Chest Clinic.

On the 31st December, 1954, there were 485 notified school-children, and 11,215 suspect school-children on the Clinic Register.”

## B.C.G. VACCINATION OF SCHOOL CHILDREN

Dr. Watson, assistant to the Medical Officer of Health, submits the following report :—

In November, 1953, Circular 22/53 was received from the Ministry of Health. In this it was stated that the Minister had approved the extension of the use of B.C.G. to include school children in their fourteenth year.

Following this, it was decided to implement this scheme in Sheffield.

In planning the scheme the problem resolved itself into two parts :—

1. The actual procedure of vaccination.
2. Administration.

### 1. VACCINATION

Three separate items are involved in this time-table :—

(a) *The pre-vaccination skin testing.* This involves either a "Jelly Test" followed by a Mantoux test, or Heaf's multiple puncture test. It is felt advisable to do the extra jelly test to avoid very sore arms from strongly positive mantouxs.

(b) *The vaccination of the negative reactors.* Unfortunately the only vaccine approved by the Ministry is that prepared in Denmark. The distance involved necessitates an order being placed for this material three weeks in advance; the vaccine cannot be stored and must therefore be ordered for immediate use.

(c) *Follow-up procedure.* This involves a further skin test not less than six weeks after vaccination to ensure "conversion" has taken place, i.e. that this vaccination has been effective. In addition to this the vaccination site has to be inspected at intervals after vaccination to find any severe or abnormal reactions.

Those who give positive reactions to the pre-vaccination test are to be notified to the Health Visitor of the area concerned, and to the School Health Service for any further action necessary.

The time-table may then be summarised as follows :—

	Method a	Days	Method b	Days
1.	Application of jelly test ..	0	—	
2.	Reading of jelly test ..	3-4	—	
3.	Mantoux test ..	3-4	1. Multiple puncture test ..	0
4.	Reading of Mantoux ..	7	2. Reading of M.P. test ..	3
5.	Vaccination ..	7	3. Vaccination	
6.	Examination of lesion ..	5 weeks }		
7.	Conversion Mantoux ..	9 weeks }	As method a.	
8.	Reading Mantoux ..	9 wks. 3 dys.		

Examination of lesion at 6/12 and 12/12.

## 2. ADMINISTRATION

In consultation with the Director of Education and Dr. Taylor of the School Health Service the following basic decisions were made :—

- (a) The administration and running of the scheme should be the responsibility of the Public Health Department. The School Health Service would act as the liaison with the schools, and would provide help where required.
- (b) The procedure would take place in either the school clinics or the school.
- (c) The " vaccination team " would consist of a Medical Officer and a health visitor, who would have the assistance of the Health Visitor working in the area around the school.
- (d) Whilst gaining experience, no effort would be made to cover all the schools of Sheffield in the first twelve months, but one area (the Manor district) would be covered first. The working of this scheme would become a routine and be gradually intensified till eventually all schools would be visited once a year.

The visit to a school has to be planned one or two months in advance, taking account of :—

- (a) The time for the parental consent forms to be despatched, signed and returned.
- (b) The tuberculin for skin testing and the vaccine to be ordered.
- (c) The school holidays.

These matters are settled by consultation with the School Health Service, and the programme for each individual school drawn up.

The Scheme was implemented in September 1954, and by the end of the year two schools had been visited. The time-table worked smoothly and liaison with the schools was very good.

The results for these two schools were as follows :—

	Consents Received	Lost by absence	Positive Jelly Test	Positive Mantoux	% of positive reaction	Number Vaccinated
Prince Edward School ..	93	4	20	8	31.4%	61
Pipworth Road School ....	84	15	17	2	27.5%	50
TOTALS ..	177	19	37	10 approx	30%	111

It is too early to attempt to report on the follow-up in detail, but so far no abnormal reactions have been found and all the vaccinations have been satisfactory.

### **MASS RADIOGRAPHY SURVEY**

Increased attention is being focussed on the early detection of tuberculosis, and on the prevention of spread of infection by the isolation of the person affected. This is just as vital to the health of the community in tuberculosis as in some more obviously infectious diseases such as smallpox and diphtheria.

An incentive to early ascertainment from the curative point of view is the much more successful treatment of the early case through advances in medical science, and one method of early detection, mass radiography, is therefore of paramount importance.

In Sheffield the Mass Radiography Centre undertakes the X-ray examination of the chest for all pupils in their last year at school. Miniature films were taken of 4,452 boys and 3,828 girls. Dr. Wilson contributes the following figures and information. 289 doubtful cases were recalled for large film X-rays and 38 for clinical interview. Of these, thirteen cases were referred to the Chest Clinic, Queen's Road, and seven found to have active tuberculosis. Four had inactive tuberculosis, one is still under observation and one definitely non-tuberculous. Seven children were admitted to sanatoria for treatment. Six children were sent to the Thoracic Unit of the City General Hospital and 28 others to their general practitioner.

The total number of children suspected to have tuberculosis was .15 per cent. (.16 per cent.), .084 per cent. (.092 per cent.) being active cases. The comparable figures for last year are given in brackets.

### **CHILD GUIDANCE CENTRE**

Mr. N. E. Whilde, the Psychologist-in-charge, reports as follows :—

"The problems of a child guidance centre are inevitably difficult, most of the cases being referred after parents, teachers, or others have felt the children are in one way or another too difficult for ordinary treatment or for ordinary services to cope with. But the problem of staffing the Sheffield Centre has been an additional constant concern. It appears that there are not sufficient trained professional personnel to man the available services. Thus in Sheffield the year under review began without a psychiatric social worker and as it was impossible to obtain a senior educational psychologist, a junior appointment was substituted.

Early in January Miss R. J. M. Garden, educational psychologist, began with a serious illness which kept her away from the centre until September so that the newly appointed educational psychologists, Miss A. R. Berlyne (now Mrs. Abrams) and Mr. P. F. Portwood, had to carry the brunt of the work normally done by their absent colleague and by the non-existent psychiatric social worker. The willing and able manner in which they dealt with the situation avoided any serious curtailing of the centre's activities.

Mrs. R. Holmes was appointed as half-time psychiatric social worker and began work in September, so the year ended on a much more even keel so far as the staffing situation was concerned, and it is possible to report totals of 371 cases opened, and 390 cases closed during the year, totals which have only once been exceeded during the centre's existence.

At the end of the year the number of cases waiting for treatment (after full investigation) was 70. This is the lowest figure since 1947. The maximum waiting period has also been reduced from well over two years to fifteen months. About half the children have to wait much less than this fifteen months as they have claims to priority on account of age or severity of symptom.

The appended figures are largely self-explanatory but the following comments may be of interest. (i) About 53% of the children were referred by head teachers. This is a proportion which has increased over the years (it averaged 43% over the years 1945-49). It appears that almost the same numbers have continued to be referred from other sources but more have come directly from schools, which raises their proportion of the whole. (ii) Possibly connected with the previously mentioned tendency, more children are being referred for intellectual difficulties. It is often found that children referred with intellectual difficulties have other symptoms which would place them in one of the other categories as well. (iii) The age range of the children referred is as wide as usual. Rather more younger children were notified during the year, one quarter of the total being below 6 years 2 months. (iv) The intelligence of cases dealt with ranged from the brightest to the dullest. As is usual in Child Guidance figures, more dull than bright are referred, but during the year 1954 only one quarter of closed cases could be described as definitely dull, whilst 34% were above average.

In reference to the above-mentioned category of intellectual difficulties, a certain number of the children in this group are more or less illiterate but are found to be of average or superior intelligence. One child of nine years had a reading age of six and a half ; but his mental age was ten and a half. Thus in reading he had made one and a half years' progress where he could be expected to have made five and a half. It is frequently found that the child's feelings are involved. Some of the children have been over-valued at home and when they come to school age and have to take their places alongside other children they are upset and often secretly annoyed that their every action is not praised and acclaimed as wonderful. They have to make effort and resent the fact that success does not come easily, their attitude may range from apathy to active hostility. Because these are socially disapproved attitudes the children frequently mask them by a more co-operative outer attitude. Indeed it appears in some cases that the

child is not conscious of his feelings although he is governed by them. A good deal of work is often necessary with the parents in these cases as well as with the child.

There are, of course, many other causes of such retardation, but it was desired to illustrate the manner in which the intellect can be prevented from functioning by the feelings.

Attention is called to the need for the provision of residential care for two types of child. The first category are children suffering from such a degree of mental illness that they are not amenable to ordinary treatment. They frequently have to be excluded from school and may be a danger to themselves or others. They often cause the gravest distress to their parents. Admittedly they are few in number but one or two come to our notice each year and other Authorities presumably meet these cases. The formation of an institution for the care and further investigation of these cases would presumably be the responsibility of Regional Hospital Boards. The other category consists of children who are below average in intelligence but not educationally subnormal. It has always been the aim of the Centre to improve the relationships in any home so that children can be successfully adjusted, and the removal of children from home is a last resort. Nevertheless, there are a small number of children for whom nothing can be done. The reasons are many and various, *e.g.* where the mother is mentally ill ; where she is very dull and ineffective ; where she is weak and immature and not amenable to treatment. Where the father is dead or delinquent the case is doubly difficult. For children who are of average or above in intelligence it is difficult but not impossible to find places in schools or hostels for the maladjusted, but for the children under discussion no institution appears prepared to consider their admission. This is understandable in that it is desired to select the most promising material for admission, but it has the effect of permanently blocking this avenue of treatment for these children.

Work has continued at the schools with adjustment classes in which many of the children made remarkable progress. Class surveys have been carried out where head teachers had special reasons for requesting them, and all the informal help given to teachers, social workers and others, has gone on as usual.

Talks on the work of the Centre have been given to teachers in training, social science students, doctors and parents, and as time goes by it is hoped to create a well informed body of public opinion about the aims of the work and its limitations.

The Centre has continued to work closely with other departments of the Education Service and owes much to the helpful co-operation received."

## NUMBER OF CASES REGISTERED DURING 1954.

Girls	..	..	..	..	..	..	..	..	..	..	128
Boys	..	..	..	..	..	..	..	..	..	..	243
											<hr/> <b>TOTAL</b> .. .. .. .. .. .. .. .. .. .. .. <b>371</b>

## ANALYSIS OF CASES DEALT WITH.

Cases closed 1954	..	..	..	..	..	..	..	..	..	..	390
Cases open 31st December 1954	..	..	..	..	..	..	..	..	..	..	256
Cases on waiting list 31st December, 1954	..	..	..	..	..	..	..	..	..	..	15
											<hr/>

## REASONS FOR CLOSING CASES IN 1954.

Did not attend at all	..	..	..	..	..	..	..	..	..	..	10
Consultation only..	..	..	..	..	..	..	..	..	..	..	229
After supervision	..	..	..	..	..	..	..	..	..	..	99

## TREATMENT CASES :—

Further attendance impossible	..	..	..	..	..	..	..	..	..	..	11
Patient unco-operative	..	..	..	..	..	..	..	..	..	..	<hr/>
Parent unco-operative	..	..	..	..	..	..	..	..	..	..	13
Transferred to other treatment	..	..	..	..	..	..	..	..	..	..	<hr/>
Treatment completed	..	..	..	..	..	..	..	..	..	..	28
											<hr/> <b>TOTAL</b> .. .. .. .. .. .. .. .. .. .. .. <b>390</b>

## ANALYSIS OF CASES OPEN 31ST DECEMBER, 1954

Under treatment ..	..	..	..	..	..	..	..	..	..	..	73
Under supervision	..	..	..	..	..	..	..	..	..	..	103
Under investigation	..	..	..	..	..	..	..	..	..	..	10
Awaiting treatment (investigation complete) ..	..	..	..	..	..	..	..	..	..	..	70
											<hr/> <b>TOTAL</b> .. .. .. .. .. .. .. .. .. .. .. <b>256</b>

## \*REASONS FOR REFERENCE OF ALL CASES.

	Nervous disorders	Habit disorders	Behaviour disorders	Intellectual difficulties	Other disorders	Total
Number of children ..	23	45	78	225	—	371

## SOURCE OF REFERENCE

	Head Teacher	Parent	School Medical Officer	Speech Therapist	Juvenile Court	Private Doctor	Hospital	Others	Total
Number of children	196	18	46	37	17	8	40	9	371

## AGE RANGE ON REFERENCE

Age	3	4	5	6	7	8	9	10	11	12	13	14	15	16	16+	Total
Number of children ..	3	6	17	55	62	49	47	38	24	21	21	17	8	3	—	371

## INTELLIGENCE QUOTIENT RANGE OF ALL CASES CLOSED DURING THE YEAR.

70 and below	71 to 80	81 to 90	91 to 100	101 to 110	111 to 120	121 to 130	Over 130	Not tested	Total
13	41	117	85	61	30	19	9	15	390

## RETURN OF INTERVIEWS AT THE CENTRE.

	Psychiatrist's Department	Psychologist's Department	Social Worker's Department	Total
Totals .. .. ..	1,122	2,440	106	3,668

\* Nervous disorders comprise such conditions as fears, shyness, depressions, emotional instability, day dreaming.

Habit disorders comprise such conditions as speech, sleep and food disorders, restlessness, incontinence.

Behaviour disorders comprise such conditions as unmanageability, temper, aggression, truancy, delinquency.

Intellectual difficulties comprise such conditions as educational retardation, special disabilities and educational guidance.

## SUMMARY OF WORK OF THE SCHOOL NURSING SISTERS AND NURSING ASSISTANTS

## IN THE SCHOOLS—

Attendance daily with the Medical Officers at Periodic Health Inspection.

	EYE TREATMENT		EAR TREATMENT		DRESSINGS	
	Cases	Attend- ances	Cases	Attend- ances	Cases	Attend- ances
Attercliffe ..	157	362	419	2,357	1,243	5,641
Pitsmoor ..	193	762	342	2,158	404	2,245
Hillsborough ..	157	315	167	866	1,130	3,443
Heeley ..	220	498	194	1,174	964	3,389
Central ..	68	229	180	1,369	694	3,409
Handsworth ..	39	45	76	350	229	766
Woodhouse ..	8	18	30	169	102	424
Shiregreen ..	123	359	208	1,069	1,335	4,239
Manor ..	88	231	221	917	1,721	6,279
Wisewood ..	65	141	69	332	394	1,287
Wybourn ..	79	225	101	829	1,896	6,756
Southey Green ..	51	80	63	258	685	1,105
Special Schools ..	325	3,224	269	2,324	6,311	18,161
	1,573	6,489	2,339	14,172	17,108	57,144

## IN THE HOMES—

Visits for " following up " . . . . . 970  
 " neglect, uncleanliness, etc. . . . . 480  
 " various purposes . . . . . 1,055

## **ACCIDENTS IN THE HOME**

The School Nursing Sisters have paid home visits where accidents to children have occurred, to view the situation and see if any suggestions for prevention could be put forward. Many of the accidents were fractures, bruises, strains and minor wounds sustained in the course of rough play. Some should have been avoidable, such as a girl of 7 years getting her arm trapped in the cogs of a wringing machine when washing dolls' clothes.

The absence of a fireguard in the living room was observed. Another child got slight burns by standing in front of an unguarded fire in her nightdress ; the parents possessed a fireguard but it was not in position. Another girl got superficial burns by quenching burning fat with cold water ; she had been left in the house alone. In most cases the children themselves, or others in the home, had shown presence of mind and resourcefulness in dealing with the situation quickly and avoiding more serious injuries.

#### CLEANLINESS SURVEY

The following figures represent number of examinations and therefore include many reviews of the same child : —

Number of examinations	Boys ..	85,548			
	Girls ..	99,250	—		
				184,798	
Hair found to be infested with nits or head lice	Boys ..	7,096	( 8·29 %)		
	Girls ..	22,273	(22·44 %)	29,369	(15·89 %)
Dirty	Boys ..	495	(0·58 %)		
	Girls ..	285	(0·29 %)	780	(0·42 %)
Verminous clothing				—	
Number of individual pupils examined	Boys ..	31,335			
	Girls ..	30,181			
Number of individual pupils found to be infested with nits or head lice .. .. ..	Boys ..	1,537	(4·90 %)		
	Girls ..	4,067	(13·48 %)		
Number of heads cleansed at the clinics (131 boys and 771 girls) .. .. .. .. ..				902	
Bad clothing	Boys	43	(0·05 %)		
	Girls	27	(0·03 %)	70	(0·04 %)
Bad footwear	Boys	68	(0·08 %)		
	Girls ..	12	(0·01 %)	80	(0·05 %)

It should be noted that out of the total number of examinations it was found necessary in the worst cases of uncleanness to send a special card of instructions to parents of 1,200 boys (1.40 per cent.) and 3,486 girls (3.51 per cent.) and a second one to a further 275 boys and 925 girls. Of these 902 (131 boys and 771 girls) were cleansed at the clinics in accordance with the usual practice.

1,399 children who were found to be suffering from various defects during general survey were referred by the school nursing sisters to the clinics, and 2,674 children were also referred to the clinics by the nursing assistants during cleansing inspections.

## INFECTIOUS DISEASES AND IMMUNIZATION AGAINST DIPHTHERIA

The School Health Service works in active co-operation with the Public Health Service over the control of infectious diseases in the schools. The incidence of infectious diseases during the year, as reported throughout the schools, is shown below. These numbers do not give complete cases, but are sufficiently indicative of the trend of infection. Those applying to scarlet fever and measles are the confirmed cases from the notifications.

	January to June	July to December	TOTAL	
			1954	1953
Measles .. ..	190	320	510	2,706
German Measles .. ..	692	217	909	554
Whooping cough .. ..	343	55	398	1,214
Chicken pox .. ..	1,903	863	2,766	3,125
Mumps .. ..	674	654	1,328	2,225
Scarlet fever .. ..	227	166	393	535

**DIPHTHERIA** was, for the fifth year in succession, absent from the City. For comparison it may be stated that in 1938 there were 824 cases.

**MEASLES, WHOOPING COUGH AND SCARLET FEVER** were low in incidence, but there were more cases of **GERMAN MEASLES**

**DYSENTERY** of the Sh. Sonnei type became prevalent in the City and, indeed, in the country as a whole. It is very infectious but fortunately the actual illness is usually mild and of brief duration. The person may, however, remain infectious for some time afterwards, becoming a carrier. Dysentery spread to the schools in 50 departments ; in the majority there were just a few cases, but in the minority a sharp spread occurred.

In connection with infectious diseases 301 visits were paid to the schools.

### ACUTE POLIOMYELITIS

For the past few years, as indicated below, the City has not had many children affected with this disease. Dr. Roberts has kindly furnished me with the relevant information.

1950 .. .. .. .. .. .. .. ..	28
1951 .. .. .. .. .. .. .. ..	30
1952 .. .. .. .. .. .. .. ..	12
1953 .. .. .. .. .. .. .. ..	12

In 1954 the number of cases in children 5-15 years was 9 (2 non-paralytic) —3 boys and 6 girls. The children were distributed over 9 wards of the City.

*Distribution of cases throughout the year.*

January .. .. .. 1	October .. .. .. 3
September .. .. .. 1	November .. .. .. 4

For purposes of comparison, figures for the City as a whole are included :—

All ages .. .. ..	21 cases (14 paralytic, 7 non-paralytic).
0—4 years .. .. ..	8 cases (7 „ 1 „ )
5—15 years .. .. ..	9 cases (7 „ 2 „ )
15+ years .. .. ..	4 cases (nil „ 4 „ )

There was one death, that of a little girl of 6 years.

**IMMUNIZATION AGAINST DIPHTHERIA**

It is very important that immunization should be continued, so that the majority of children in the City are protected against diphtheria. The problem of dealing with indifferent parents is tackled by follow-up letter and personal appeal by head teachers, medical officers, and school nursing sisters.

Approximately 83 per cent. of children aged 5 years have been immunized.

**PARTICULARS OF WORK DONE IN 1954.**

(a) *Primary Immunization.*

Number of children who have received complete treatment—

Children under 5 years of age .. .. .. ..	347
„ 5—15 years.. .. .. .. ..	835
Number received part treatment .. .. .. .. ..	192
Number of children who have attended for treatment .. ..	1,374

(b) *Stimulating or Reinforcing Doses.*

Number of letters forwarded .. .. .. .. .. 3,987

Number of acceptances—

Own doctor .. .. .. ..	986
School clinic .. .. .. .. ..	1,109
	—
Additional number referred from other sources .. .. ..	2,095
Total number treated .. .. .. .. ..	2,052
	—
	3,161

**PARTICULARS OF WORK DONE SINCE 1950.**

(a) *Primary Immunization.*

Number who have received complete treatment during 1951 ..	860
„ „ „ „ „ 1952 ..	934
„ „ „ „ „ 1953 ..	1,347
„ „ „ „ „ 1954 ..	1,182

(b) *Stimulating or Reinforcing Doses.*

Number of stimulating doses given during 1951 .. ..	3,153
„ „ „ „ „ 1952 .. ..	3,761
„ „ „ „ „ 1953 .. ..	3,323
„ „ „ „ „ 1954 .. ..	3,161

**PHYSICAL EDUCATION**

Close co-operation exists between the School Health Service and those engaged in physical education. In particular, individual reports are made on children submitted for an opinion as to their suitability for various types of physical activities. During the general medical examination, this consideration is always borne in mind and head teachers are informed when restrictions are considered necessary.

The school health staff naturally take much interest in this part of education which plays a marked share in the development of the child.

The report on this year's activities will be found in the Appendix on pages 78 to 98.

## NURSERY SCHOOLS AND CLASSES

The accompanying table shows the heights and weights of the nursery school children examined at periodic health inspection. The numbers have increased slightly owing to the opening of a few of the nursery classes.

### HEIGHTS

#### NURSERY SCHOOLS AND CLASSES

BOYS				GIRLS			
Age	1952 Inches	1953 Inches	1954 Inches	Age	1952 Inches	1953 Inches	1954 Inches
2	35.52	35.40	35.75	28	35.62	35.56	34.70
3	37.98	37.86	38.08	144	37.49	37.25	37.46
4	40.27	39.91	40.31	154	39.81	39.99	39.72

### WEIGHTS

#### NURSERY SCHOOLS AND CLASSES

BOYS				GIRLS			
Age	1952 Pounds	1953 Pounds	1954 Pounds	Age	1952 Pounds	1953 Pounds	1954 Pounds
2	31.10	30.20	31.37	28	30.58	29.81	27.95
3	34.55	34.08	35.36	144	33.14	32.41	33.29
4	38.25	37.37	39.48	154	36.82	37.39	37.19

## HANDICAPPED PUPILS

The pupils in the following schools have been ascertained under the Handicapped Pupils and School Health Service Regulations, 1953, as requiring special educational treatment :—

		Accommodation for
<b>BLIND PUPILS</b>	Sheffield School for Blind Children ..	80 Pupils
<b>PARTIALLY SIGHTED PUPILS</b>	Bents Green School ..	30 pupils
<b>DEAF (GRADE III) AND PARTIALLY DEAF (GRADE IIB) PUPILS</b>	Maud Maxfield School .. (Day and Residential)	120 pupils
<b>PARTIALLY DEAF (GRADE IIA) PUPILS</b>	Maud Maxfield School ..	Fortnightly class 13 seniors and 10 juniors attending.
<b>DELICATE PUPILS</b>	Whiteley Wood, Bents Green and Springvale House Schools. ..	384 pupils
	Bents Green Residential	40 pupils—girls.
<b>PHYSICALLY HANDICAPPED PUPILS (DAY)</b>	Mayfield and Arbour- thorne North Schools	120 pupils

### SHEFFIELD SCHOOL FOR BLIND CHILDREN

An analysis of the defects of the pupils in the school during the year follows :—

Congenital ambyopia ..	..	..	..	..	..	..	1
Disorganisation of globes ..	..	..	..	..	..	..	1
Aniridia .. .. ..	..	..	..	..	..	..	1
Anophthalmos .. ..	..	..	..	..	..	..	1
Chorido-retinal dystrophy ..	..	..	..	..	..	..	4
Microphthalmos .. ..	..	..	..	..	..	..	2
Albinism .. .. ..	..	..	..	..	..	..	1
Congenital nystagmus ..	..	..	..	..	..	..	5
Congenital cataract ..	..	..	..	..	..	..	12
Congenital cataract and microphthalmos ..	..	..	..	..	..	..	1
Buphthalmos .. .. ..	..	..	..	..	..	..	5
Glioma retinæ .. .. ..	..	..	..	..	..	..	1
High myopia .. .. ..	..	..	..	..	..	..	1
Retrolental fibroplasia ..	..	..	..	..	..	..	2
Sympathetic ophthalmia ..	..	..	..	..	..	..	1
Optic atrophy .. .. ..	..	..	..	..	..	..	10
Corneal dystrophy .. .. ..	..	..	..	..	..	..	2
Vitreous haemorrhage ..	..	..	..	..	..	..	1
Leucoma .. .. ..	..	..	..	..	..	..	2
Corneal nebulæ .. .. ..	..	..	..	..	..	..	1
Keratitis .. .. ..	..	..	..	..	..	..	1
Enucleation of both eyes ..	..	..	..	..	..	..	2
Detached retina .. .. ..	..	..	..	..	..	..	2
Abiotrophy of retina .. .. ..	..	..	..	..	..	..	1

### BENTS GREEN RESIDENTIAL SCHOOL

Dr. Oates, who does the routine visits as well as the general practitioner care at this school, contributes the following :—

“ The general health has remained good ; again there has been no infection apart from the common cold. The number of days of illness resulting in school absence, apart from those returning late after holidays, was 135. This included 52 days for one child who was admitted from hospital and had to be returned to hospital, and two others who were each in hospital for 29 days on account of chest conditions. Nine children were in bed from one to three days during the autumn term with feverish colds. One child, who came with the diagnosis of asthma, brought an inhaler, but has never had the need to use it.

Percentage attendance ..	Easter term 98·5%
	Summer term 95·3%
	Autumn term 90·2%”

### BENTS GREEN DAY SCHOOL

Dr. Oates reports :—

“The general standard of health and attendance has been satisfactory. 14 children have a diagnosis of asthma, of whom four have inhalers but do not bring them to school as their use has not been needed.

Percentage attendance ..	Easter term 81·6%
	Summer term 85·6%
	Autumn term 81·2%”

### WHITELEY WOOD DAY SCHOOL

Dr. Oates reports :—

“ The attendance is good, and the general improvement in the health of the children satisfactory. There have been no epidemics. Here, as at the other open air schools, breathing excercises are regularly carried out by the children with chest conditions, under the supervision of the school nursing sister. 16 children came with a diagnosis of asthma, 4 have inhalers but no child brings one to school ; the necessity has not arisen. There is a happy atmosphere about the school, and the co-operation of the parents is particularly marked, illustrated by the visits, notes, and telephone messages from the parents.

Percentage attendance ..	Easter term 85·4%
	Summer term 91·9%
	Autumn term 85·4%”

### MAYFIELD SCHOOL FOR THE PHYSICALLY HANDICAPPED

There are regular admissions and discharges at all ages at schools of this type, as many of the children after a varying length of physical and scholastic rehabilitation are discharged as fit for the ordinary school.

Dr. Skerritt remarks on the healthy, happy, atmosphere at such schools, and the following is taken from her report :—

Amongst many improvements in Handicapped Pupils following their admission to special schools, one of the most gratifying is a change in social behaviour. Some children have been over-protected, requiring or expecting constant attention, and a few others are to some extent maladjusted showing resentment or aggressiveness. They settle down at school and with some help and much encouragement soon make determined efforts to overcome their disability as far as this is possible. Children with cardiac trouble or epilepsy plan their lives in a full way but on quieter lines. Selfish children become thoughtful for others, helping each other in a natural and understanding way. Self control and good manners are acquired and excitable children gradually calm down, gaining stability.

Great care is taken over the feeding of the children. Many have fickle appetites on admission, and a few have difficulty in feeding themselves and in swallowing their food. Where necessary the staff give individual help and their patience is rewarded in the children's increasing independence as they learn to help themselves. On weighing and measuring the apparent improvement in their physique is confirmed.

#### **MAUD MAXFIELD SCHOOL**

The Hostel for the Maud Maxfield School was opened in May and can take 40 pupils. Some particulars are given in the introduction to this report.

#### **TUITION UNDER SECTION 15 OF MINISTRY OF EDUCATION MANUAL OF GUIDANCE (SPECIAL SERVICE NO. 1)**

Tuition City General Hospital commenced September, 1953

„	Thornbury Annexe	„	May, 1954
„	Ryegate	„	May, 1954
„	Children's Hospital	„	October, 1954

## EDUCATIONALLY SUB-NORMAL PUPILS

There are 135 places for girls (juniors and seniors) at the Highfield Special School. For junior boys there are 95 places at the Hillsborough Special School and 160 places for senior boys at the Wadsley Bridge Special School. East Hill Special School has 45 places for junior boys and girls.

The work undertaken during the year with the children following special reports on their school attainments is shown below :—

### RESULTS OF EXAMINATIONS.

Recommended for admission to a day special school .. .. ..	69
Recommended for admission to a residential special school .. .. ..	10
Found to be ineducable and reported to the Local Health Authority .. .. ..	18
Recommended for education in an ordinary school, with special educational treatment .. .. .. .. .. .. .. .. ..	34
Recommended for admission to a special school for the physically handicapped ..	1
Found to be educationally sub-normal, but recommended for admission to a special school for the deaf .. .. .. .. .. .. ..	1
Found to be educationally sub-normal but for further consideration as to disposal .. .. .. .. .. .. .. .. ..	28
Found to be educationally sub-normal but above the level for a special school—no further action .. .. .. .. .. .. ..	2
Found to be educationally sub-normal but unfit for an ordinary or special school—recommended for home tuition .. .. .. .. ..	1
Not educationally sub-normal. Has been committed to an approved school ..	1
Referred to the Child Guidance Centre for investigation .. .. ..	5
No disability of mind .. .. .. .. .. .. .. ..	70
Found to be educationally sub-normal—admitted to a private school ..	2
In a special school—recommended for transfer back to the ordinary school .. .. .. .. .. .. .. ..	1

### ANALYSIS OF CHILDREN LEAVING SPECIAL SCHOOL FOR EDUCATIONALLY SUB-NORMAL.

Left on attaining the leaving age .. .. .. .. .. .. ..	79
Removed at an earlier age, as incapable of receiving further benefit ..	4

### REPORTED TO LOCAL HEALTH AUTHORITY

(MENTAL WELFARE COMMITTEE)

	<i>Boys</i>	<i>Girls</i>
Children incapable of receiving benefit from instruction in school .. .. .. .. .. .. ..	12	9
Educationally sub-normal children reported on attaining the school-leaving age .. .. .. .. .. .. ..	28	16

### REPORTED TO THE VOLUNTARY ASSOCIATION FOR MENTAL WELFARE ON LEAVING SCHOOL

.. .. .. .. ..	25	10
----------------	----	----

FOLLOW-UP OF CHILDREN LEAVING SCHOOLS FOR THE EDUCATIONALLY  
SUB-NORMAL IN 1951

In continuation of previous years the children are reviewed who left the schools for the educationally sub-normal three years ago, and who were not reported to the Local Health Authority under the Education Act. The after-care was done by the Voluntary Association for Mental Health. The results are very rewarding in that all the children are, and have been, gainfully employed during the period.

Out of 19 boys leaving Wadsley Bridge Special School 16 settled down quickly in either their first or second job ; 12 of those had a home background that gave them very good support.

3 boys have had a number of jobs which they left of their own accord ; one of them is always seeking higher wages, and another lacked staying power but is now steadier and achieving fairly satisfactory work. In none of these 3 cases is the home background a stable one.

10 of the boys have been accepted for the Army.

Of the 15 girls who left Highfield Special School, 12 did very well in their first or second post. Of these, 10 have the advantage of a good home influence, but 2 lacked this and have had difficulty in social adjustment ; they have consequently needed continuous supervision.

3 girls have had several changes of job, but of these one is now working better, another is doing quite well under difficult personal circumstances, but the third still causes anxiety and needs much friendly advice.

The posts occupied by the boys include tool making, glass blowing, boot repairing, joinery, cutlery and building trades, and wire making ; and work in a laundry, bakery and sweet factory, for the girls.

The mean intelligence quotient of the boys and girls is 70·3. The range of intelligence quotients is from 60—82. It is of interest to note that the distinguishing feature of the two groups—the first who are satisfactory at once and the second whose future is initially in doubt—is not the higher degree of intelligence of those in the first group, but their steadiness and better home background.

#### **EPILEPSY**

Children who suffer from severe epilepsy are placed in boarding special schools when vacancies can be found. Those with mild epilepsy are kept under medical supervision and encouraged to attend the day school.

#### **DIABETES**

15 pupils with this disease are under one or other of the hospital diabetic clinics, but are, fortunately, fit to attend an ordinary school.

#### **ASH HOUSE HOSPITAL SCHOOL FOR RHEUMATIC CASES (42 pupils)**

12 of the children in Ash House during the year were from Sheffield.

**CEREBRAL PALSY**

There is a total of 117 children with this condition known to us in the City. It will be seen from the following table, giving their disposition, that the majority of those of school age are fit to attend some form of day school. It is the residue who are very severely handicapped who constitute the real problem.

<b>TOTAL</b>	...	...	...	...	...	...	...	...	...	117
Ineducable	...	...	...	...	...	...	...	...	...	22
										—
										95
<b>Under school age</b>	...	...	...	...	...	...	...	...	...	13
										—
										82
Ordinary school	...	...	...	...	...	...	...	...	...	29
Private school	...	...	...	...	...	...	...	...	...	1
<b>Day special schools :—</b>										
Physically handicapped	...	...	...	...	...	...	...	...	...	28
Educationally sub-normal	...	...	...	...	...	...	...	...	...	4
Deaf	...	...	...	...	...	...	...	...	...	2
										—
										34
<b>Residential special school</b>	...	...	...	...	...	...	...	...	...	2
<b>Home tuition</b>	...	...	...	...	...	...	...	...	...	6
<b>Unfit for any education at present</b>	...	...	...	...	...	...	...	...	...	10
										—
										82

**ACUTE RHEUMATISM—EFFECT ON SCHOOL LIFE**

Some years ago the majority of children on returning home after a period of convalescent treatment at Ash House Rheumatic Hospital School, attended a day school for the physically handicapped. Now almost one hundred per cent. return directly to the ordinary school. With this changed picture one wondered how they were managing to fit into school life, so it was arranged for them to be reviewed before and after admission to Ash House, and then one year later.

In retrospect school reports were obtained from the head teacher of the ordinary school before admission to Ash House, from the head teacher at Ash House on discharge, and from the head teacher at the ordinary school one year after return. At this point they were all examined by a school medical officer, Dr. Oates. After discharge the children were disposed as follows :—

Grammar School	...	...	...	...	...	...	...	...	...	2
Junior Technical School	...	...	...	...	...	...	...	...	...	1
Day School for Physically Handicapped	...	...	...	...	...	...	...	...	...	1
Day School for Educationally Sub-normal	...	...	...	...	...	...	...	...	...	1
Ordinary School	...	...	...	...	...	...	...	...	...	29

The age range at this point was 6—15 years. The average period the children had been in Ash House was eight months, but it varied from 3 to 34 months.

The surprising thing that emerged was that no single head teacher reported social or emotional problems after return to school. The reasons for this I suggest are the age of the children (none being very young), the shorter period of retention in Ash House which now obtains, the skilful handling by the nursing, and also the medical staff there, and the fact that it is a school, and so for the child the teachers form a link with normal life, thus giving continuity. One might also add that Sheffield is fortunate in the quality of the teaching staff at the school.

The one child transferred to the Day School for Physically Handicapped had spent two years ten months in Ash House and for twelve months had been on complete rest without any tuition. He was therefore in need of the individual care and attention obtainable at a school for the physically handicapped in order to assist him to compete later with his peers physically and scholastically.

Five children were reported by the Head Teacher as being backward scholastically but it was noted that all had been backward before admission. It is of interest that thirteen children who had been progressing at Ash House made no progress during their first year back at the ordinary school. This suggests that some children, although not obviously emotionally disturbed, did, in fact, have some difficulty in adjusting themselves after their illness.

The same standardised tests were used by Miss Proudlove, the Head Teacher at Ash House, and Dr. Oates, namely, Cattell's Midland Arithmetic, Burt's Word Recognition and Burt's Spelling.

### HOME TUITION

The recommendation for home tuition comes from the school medical officers who re-examine the children at intervals reviewing the necessity for its continuance. All children are linked up with one or other of the two special schools for the physically handicapped, the visiting teachers working under the supervision of the head teachers there.

The analysis of the defects of the 24 children is as follows :—

Poliomyelitis paralytic	..	..	..	..	..	..	4
Cerebral palsy	..	..	..	..	..	..	7
Hydrocephalus	..	..	..	..	..	..	2
Spina bifida	..	..	..	..	..	..	1
Perthe's disease	..	..	..	..	..	..	1
Congenital heart abnormality	..	..	..	..	..	..	1
Rheumatic heart disease	..	..	..	..	..	..	1
Rheumatoid arthritis	..	..	..	..	..	..	1
Hæmophilia	..	..	..	..	..	..	2
Calcinosis universalis	..	..	..	..	..	..	1
Nephritis	..	..	..	..	..	..	2
Major epilepsy	..	..	..	..	..	..	1

PARTICULARS OF CHILDREN WHO ARE MAINTAINED IN  
 RESIDENTIAL SPECIAL SCHOOLS OUTSIDE OF THE SHEFFIELD AREA  
 DECEMBER, 1954

		Boys	Girls	Total
BLIND CHILDREN.				
Yorkshire School for the Blind, York ..	..	3	1	4
Worcester College for the Blind, Worcester ..	..	1	—	1
Royal Normal College, near Shrewsbury ..	..	—	1	1
Condover Hall School, Shrewsbury ..	..	—	1	1
				—
				7
				—
DEAF CHILDREN.				
Mary Hare Grammar School for the Deaf, Arlington Manor, Newbury ..	.. .. ..	4	2	6
Bridge House Special School, Harewood, Leeds ..	..	1	—	1
St. John's Residential School for the Deaf, Boston Spa, Yorkshire .. .. .. ..	..	1	—	1
				—
				8
				—
DELICATE CHILDREN.				
Meath Home School of Recovery, Ottershaw ..	..	—	2	2
St. Catherine's Home, Ventnor .. .. ..	..	1	—	1
Netherside Hall School, Skipton in Craven ..	..	1	—	—
St. John's Open Air School for Boys, Woodford Bridge .. .. .. .. .. ..	..	1	—	1
Fairfield House, Broadstairs .. .. .. ..	..	—	1	1
Ingleborough Hall, Clapham, near Lancaster ..	..	1	—	1
				—
				7
				—
EDUCATIONALLY SUB-NORMAL CHILDREN.				
Besford Court Catholic Mental Welfare Hospital, Worcester .. .. .. .. ..	..	4	—	4
Crowthorn Special School, Edgworth, Bolton ..	..	1	1	2
Rossington Hall Special School, Doncaster ..	..	5	—	5
St. Francis Special School, Monyhull, Birmingham ..	..	—	3	3
Spring Hill School (Dr. Barnado's), Ripon ..	..	2	—	2
Aldwark Manor Special School, near York ..	..	5	—	5
				—
				21
				—
EPILEPTIC CHILDREN.				
Maghull Home for Epileptics, Liverpool .. ..	..	3	1	4
Colthurst House School (David Lewis Colony), Warford .. .. .. .. ..	..	1	1	2
Soss Moss School for Epileptic Children, Manchester ..	..	2	—	2
Lingfield Epileptic Colony, Surrey .. .. ..	..	1	—	1
				—
				9
				—
MALADJUSTED CHILDREN.				
Shotton Hall, Harmer Hill, Shrewsbury .. ..	..	3	—	3
Hoober House, Wentworth, Rotherham .. ..	..	—	1	1
				—
				4
				—
PHYSICALLY HANDICAPPED CHILDREN.	.. .. ..			
St. Margaret's School for Spastic Children, Croydon ..	..	1	1	2
Bosworth Park Special Unit, Bosworth Park Infirmary, Melton Mowbray .. .. ..	..	1	—	1
Bradstock Lockett Hospital Special School, Southport .. .. .. .. ..	..	—	1	1
St. Vincent's Orthopaedic Hospital School, Pinner, Middlesex .. .. .. .. ..	..	1	—	1
Hattondale Hall School, Wellingborough .. ..	..	1	—	1
Lord Mayor Treloar College, Alton, Hants ... ..	..	1	—	1
Welburn Hall School, Kirbymoorside, Yorks. .. ..	..	—	1	1
				—
				8
				—

### AFTER-CARE

During the year under review the after-care of the Special School Leavers has continued on the usual lines. On the whole the leavers have adjusted themselves well to the working conditions, and in the majority of cases have remained in their first job. This is in no small part due to the care on the part of the Youth Employment Officers in placing the leaver in suitable employment. There have, however, been odd cases where it has been discovered in the after-care follow-up that the leavers have, for some reason or other, been unhappy and unsettled in their work. Where necessary they have been referred to the Bureau for discussion or placement in alternative employment, and it has usually been found that the second choice has proved to be satisfactory.

We have again received the full co-operation of the head teachers and the majority of the parents ; without this the value of the after-care supervision would be considerably reduced.

Nearly fifty per cent. of the leavers have been placed in trades, whilst the remainder are usefully employed in semi or unskilled work.

The Boys' Club, which is run by the Staff of the Wadsley Bridge Special School under the auspices of the Sheffield Voluntary Association for Mental Welfare, has again been well attended throughout the year. The club is of considerable value in assisting the staff of the School in keeping in touch with a number of the leavers. In addition it is a good training ground for many of the boys who are eventually able to take their place in larger clubs in the City. Many old members who are on National Service have returned to the Club from time to time.

During the year 452 visits have been made by the After-care Officer to cases under eighteen years of age. Of these 94 are ex-pupils of the schools for the educationally sub-normal ; 2 are ex-pupils of the schools for the physically handicapped ; 102 are ex-pupils of the schools for delicate children.

**EMPLOYMENT OF PUPILS HAVING LEFT SPECIAL SCHOOLS  
DURING THE YEAR UNDER REVIEW**

OCCUPATION	EDUCATIONALLY SUB-NORMAL		OPEN-AIR SCHOOLS		Total 1954
	Boys	Girls	Boys	Girls	
Cabinet case lining .. .. ..	—	—	—	2	2
Van boy .. .. ..	1	—	2	—	3
Steel worker .. .. ..	—	—	1	—	1
Gardening .. .. ..	—	—	2	—	2
Packing—warehouse .. .. ..	2	7	1	11	21
Building .. .. ..	1	—	2	—	3
Clerical work .. .. ..	—	—	1	1	2
Motor mechanic .. .. ..	1	—	1	—	2
Tool making .. .. ..	1	—	3	—	4
Shop assistant .. .. ..	—	1	2	6	9
Joiner's Apprentice .. .. ..	—	—	1	—	1
Sweetmaking .. .. ..	—	1	—	—	1
Canteen worker .. .. ..	—	1	—	—	1
Apprentice fitter .. .. ..	1	—	—	—	1
Furniture warehouse .. .. ..	1	—	—	—	1
Hammer Driver .. .. ..	2	—	—	—	2
Farming .. .. ..	1	—	—	—	1
Mill hand—steel .. .. ..	2	—	1	—	3
Cutlery .. .. ..	2	—	1	—	3
Property repairing .. .. ..	2	—	1	—	3
Kennel boy .. .. ..	1	—	—	—	1
Machinist .. .. ..	1	—	—	—	1
Wood worker .. .. ..	1	—	—	—	1
Boot repairing .. .. ..	1	—	—	—	1
Box making—cardboard .. .. ..	—	—	—	1	1
Railway signalman trainee .. .. ..	—	—	1	—	1
Soft furnishing .. .. ..	—	—	—	1	1
Gardening—market .. .. ..	—	—	—	1	1
Domestic .. .. ..	—	1	—	—	1
	21	11	20	23	75
Learning a definite trade .. ..	15	—	12	3	30
In semi-skilled or unskilled employment .. .. ..	6	11	8	20	45
	21	11	20	23	75

## **FULL-TIME COURSES OF HIGHER EDUCATION FOR HANDICAPPED STUDENTS**

The Education Committee are responsible for the craft training of blind and deaf persons under 21, and during the year the following students continued attendance at recognised institutions :—

One girl at the Royal Normal College for the Blind (Shorthand-typing).

One boy at the Royal Residential Schools for the Deaf, Manchester, (bakery and confectionery).

One boy at the Yorkshire School for the Blind (basketry).

One boy at the Yorkshire School for the Blind (mat making).

One boy at the Royal National Institute for the Blind (physiotherapy).

## **HEALTH EDUCATION.**

The school nursing sisters attended special lectures at the City General Hospital during the year, and four of them attended the Winter School at Bedford College.

Talks to Parent-Teacher Associations and other groups and societies were given by members of the staff in the evenings.

Lectures and demonstrations were given to students in training from the Department of Education at the University and the City Training College. Many parties of these students visited the clinics and special schools.

Doctors taking the Diploma in Child Health, and various foreign visitors, were shown the work of the School Health Service.

Students from the School of Social Studies attended some sessions with the doctors as part of their training.

Thanks are due to the teachers who demonstrate and co-operate so willingly during these visits.

## **MISCELLANEOUS.**

### **REMAND HOMES.**

All boys and girls are medically examined before admission to the remand homes and again before transfer to an approved school.

In addition, many of them have special examinations carried out by the school medical officers or the staff at the Child Guidance Centre at the request of the magistrates.

## **SPECIAL EXAMINATIONS**

Special examinations have been carried out as follows :—

## MEDICAL INSPECTION RETURNS

YEAR ENDED 31ST DECEMBER, 1954

TABLE 1.

MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED  
PRIMARY AND SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS).

## A—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups—

Entrants .. .. .. .. .. .. .. ..	7,671
Second Age Group .. .. .. .. .. .. ..	4,652
Third Age Group .. .. .. .. .. .. ..	6,300
<b>TOTAL</b> .. .. .. ..	<b>18,623</b>

## B—OTHER INSPECTIONS

Number of Special Inspections .. .. .. .. ..	32,374
Number of Re-inspections .. .. .. .. ..	27,568
<b>TOTAL</b> .. .. .. ..	<b>59,942</b>

## C—PUPILS FOUND TO REQUIRE TREATMENT

## NUMBER OF INDIVIDUAL PUPILS

FOUND AT PERIODIC MEDICAL INSPECTION TO REQUIRE TREATMENT  
(excluding Dental Diseases and Infestation with Vermin)

Group (1)	For defective vision (excluding squint) (2)	For any other conditions recorded in Table II A (3)	Total individual pupils (4)
Entrants .. .. ..	197	513	691
Second Age Group .. ..	99	132	229
Third Age Group .. ..	161	147	305
Total (prescribed groups) ..	457	792	1,225

TABLE II.

**A—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION  
IN THE YEAR ENDED 31ST DECEMBER, 1954.**

Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
	Number of defects		Number of defects	
	Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
Skin .. .. ..	29	37	3,388	201
Eyes—(a) Vision .. ..	457	595	1,072	375
(b) Squint .. ..	47	80	133	19
(c) Other .. ..	22	34	959	120
Ears—(a) Hearing .. ..	36	28	226	112
(b) Otitis Media .. ..	14	61	518	56
(c) Other .. ..	8	16	1,179	125
Nose or Throat .. .. ..	290	579	1,165	654
Speech .. .. ..	9	67	128	76
Cervical Glands .. .. ..	8	76	66	20
Heart and Circulation .. .. ..	38	97	37	26
Lungs .. .. ..	14	185	398	210
Developmental—				
(a) Hernia .. ..	5	27	14	6
(b) Other .. ..	—	—	3	6
Orthopædic—				
(a) Posture .. ..	4	7	1	3
(b) Flat Foot .. ..	53	37	90	14
(c) Other .. ..	112	258	394	137
Nervous system—				
(a) Epilepsy .. ..	—	14	23	29
(b) Other .. ..	—	12	62	77
Psychological—				
(a) Development .. ..	1	26	5	19
(b) Stability .. ..	—	30	61	83
Other .. .. ..	85	217	7,298	1,694

**B—CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS  
INSPECTED DURING THE YEAR IN THE AGE GROUPS.**

Age Groups	Number of Pupils Inspected	A (Good)		B (Fair)		C (Poor)	
		No.	per cent of col. 2	No.	per cent of col. 2	No.	per cent of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants .. ..	7,671	925	12·06	6,686	87·16	60	.78
Second Age Group ..	4,652	885	19·02	3,683	79·17	84	1·81
Third Age Group ..	6,300	1,361	21·60	4,880	77·46	59	.94
<b>TOTAL .. ..</b>	<b>18,623</b>	<b>3,171</b>	<b>17·03</b>	<b>15,249</b>	<b>81·88</b>	<b>203</b>	<b>1·09</b>

**TABLE III.  
INFESTATION WITH VERMIN**

(i) Total number of examinations in the schools by the school nurses or other authorized persons .. .. .. .. .. .. ..	184,798
(ii) Total number of individual pupils found to be infested .. ..	6,872
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2) Education Act, 1944) .. .. ..	4,686
(iv) Total number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944) .. .. ..	—

**TABLE IV.  
TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND  
SECONDARY SCHOOLS (INCLUDING SPECIAL SCHOOLS)**

**GROUP I.—DISEASES OF THE SKIN  
(excluding uncleanliness, for which see Table III).**

		Number of cases treated or under treatment during the year.	
		by the Authority	otherwise
Ringworm— (i) Scalp .. .. .. ..	—		4
(ii) Body .. .. .. ..	5		1
Scabies .. .. .. ..	2		14
Impetigo .. .. .. ..	176		7
Other skin diseases .. .. .. ..	3,125		54
<b>TOTAL .. .. .. ..</b>	<b>3,308</b>		<b>80</b>

**GROUP II.—EYE DISEASES, DEFECTIVE VISION AND SQUINT**

	Number of cases dealt with	
	by the Authority	otherwise
External and other, excluding errors of refraction and squint .. . . .	1,055	650
Errors of refraction (including squint) .. .	—	4,452
<b>TOTAL</b> .. . . .	<b>1,055</b>	<b>5,102</b>
Number of pupils for whom spectacles were :		
(a) Prescribed .. . . .	—	2,577
(b) Obtained .. . . .	—	2,133

**GROUP III.—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT**

	Number of cases dealt with	
	by the Authority	otherwise
Received operative treatment :		
(a) for diseases of the ear .. . .	—	5
(b) for adenoids and chronic tonsillitis ..	—	280
(c) for other nose and throat conditions ..	—	4
Received other forms of treatment .. .	2,322	126
<b>TOTAL</b> .. . . .	<b>2,322</b>	<b>415</b>

**GROUP IV—ORTHOPÆDIC AND POSTURAL DEFECTS**

(a) Number treated as in-patients in hospitals ..	85	
(b) Number treated otherwise, e.g., in clinics or out-patient departments .. . . .	by the Authority 202	otherwise 1,218

**GROUP V.—CHILD GUIDANCE TREATMENT**

	Number of cases treated	
	in the Authority's Child Guidance Centre	elsewhere
Number of pupils treated at Child Guidance Centre .. . . . .	646	—

**GROUP VI.—SPEECH THERAPY**

	Number of cases treated	
	by the Authority	otherwise
Number of pupils treated by Speech Therapists ..	255	6

**GROUP VII.—OTHER TREATMENT GIVEN**

	Number of cases treated	
	by the Authority	otherwise
(a) Miscellaneous minor ailments .. .. ..	2,852	75
(b) Other :		
1. Chiropody .. .. .. ..	808	—
2. Orthoptic .. .. .. ..	—	408
3. Chest Clinic .. .. .. ..	—	2,150
4. Heart.. .. .. .. ..	—	31
<b>TOTAL</b> .. .. .. ..	<b>3,660</b>	<b>2,664</b>

**TABLE V.****DENTAL INSPECTION AND TREATMENT**

(1) Number of pupils inspected by the Authority's Dental Officers :—

(a) Periodic .. .. .. .. .. .. ..	19,138
(b) Specials .. .. .. .. .. .. ..	7,903
<b>TOTAL (1)</b> .. .. .. .. .. .. ..	<b>27,041</b>

(2) Number found to require treatment .. .. .. .. ..

22,079

(3) Number referred for treatment .. .. .. .. ..

17,963

(4) Number actually treated .. .. .. .. ..

15,049

(5) Attendances made by pupils for treatment .. .. .. ..

26,696

(6) Half-days devoted to :—

Inspection .. .. .. .. .. .. ..	137
Treatment .. .. .. .. .. .. ..	3,091
<b>TOTAL (6)</b> .. .. .. .. .. .. ..	<b>3,228</b>

(7) Fillings :—

Permanent teeth .. .. .. .. .. .. ..	9,450
Temporary teeth .. .. .. .. .. .. ..	20
<b>TOTAL (7)</b> .. .. .. .. .. .. ..	<b>9,470</b>

## (8) Number of teeth filled :—

Permanent teeth .. .. .. .. .. .. .. ..	8,319
Temporary teeth .. .. .. .. .. .. .. ..	20
	<hr/>
<b>TOTAL (8) .. .. .. .. .. .. .. ..</b>	<b>8,339</b>
	<hr/>

## (9) Extractions :—

Permanent teeth .. .. .. .. .. .. .. ..	5,252
Temporary teeth .. .. .. .. .. .. .. ..	20,034
	<hr/>
<b>TOTAL (9) .. .. .. .. .. .. .. ..</b>	<b>25,286</b>
	<hr/>

## (10) Administration of general anaesthetics for extraction .. .. .. 13,250

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## (11) Other operations :—

Permanent teeth .. .. .. .. .. .. .. ..	3,796
Temporary teeth .. .. .. .. .. .. .. ..	—
	<hr/>
<b>TOTAL (11) .. .. .. .. .. .. .. ..</b>	<b>3,796</b>
	<hr/>

HANDICAPPED PUPILS REQUIRING EDUCATION AT SPECIAL SCHOOLS OR BOARDING IN BOARDING HOMES, 1954

	(1) Blind (2) Partially sighted	(2)	(3) (4) Deaf Deaf Partially Deaf	(4)	(5)	(6)	(5) Delicate (6) Physically Handicapped	(7) Educationally sub-normal (8) Maladjusted	(9) Epileptic	Total 1—9
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8 )	(9)	(10)
In the calendar Year ended 31st Dec. 1954										
A. Handicapped Pupils newly placed in Special Schools or Boarding Homes.	2	5	11	4	123	22	99	1	4	271
B. Handicapped Pupils newly ascertained as requiring education at Special Schools or boarding in Homes	..	..	..	..	..	..	..	..	..	214
On or about 1st December, 1954 :—										
C. Number of Handicapped Pupils from the area :—										
(i) Attending Special Schools as										
(a) Day Pupils ..	15	—	27	51	23	384	110	8	—	1,018
(b) Boarding Pupils ..	..	..	..	8	—	—	21	4	9	103
(ii) Attending Independent Schools under arrangements made by the authority ..	..	..	..	..	..	..	..	..	..	..
(iii) Boarded in Homes ..	..	..	..	..	..	..	..	..	..	..
Total (C) .. .. ..	15	27	59	23	422	118	444	4	9	1,121
D. Number of Handicapped Pupils being educated under arrangements made under Section 56 of the Education Act, 1944 :—										
(a) In hospitals ..	..	..	..	..	..	..	..	..	..	..
(b) in other groups (e.g. units for Spastics) ..	..	..	..	..	..	..	..	..	..	..
(c) at home .. .. ..	..	..	..	..	..	..	..	..	..	..
E. Number of Handicapped Pupils from the area requiring places in special schools (including any such children who are temporarily receiving home tuition or whose parents have not yet consented to their attending a special school) :—										
Day Pupils .. .. ..	..	..	..	..	..	..	..	..	..	..
Boarding Pupils .. .. ..	..	..	..	..	..	..	..	..	..	..
	10	—	—	—	—	—	20	7	33	63
	—	—	—	—	—	—	—	—	—	—

**SCHOOL HEALTH SERVICE**

The following particulars are furnished as to the cost of the School Health Service during the year ended  
 31st March, 1954 :—

	Gross Expenditure	Income from Local Sources (other than Rates)	Net Expenditure ranking for Grant	Cost in terms of Penny Rate		
				Gross Cost	Net Cost to Rates after deducting Government Grant, &c.	Net Cost to Rates
Medical Inspection and Treatment	.. ..	75,183 7 11	3,285 1 11	71,898 6 0	28,759 6 5	5.36 2.05
Ablutionary Baths	.. ..	1,016 18 8	—	1,016 18 8	406 15 6	.07 .03
Special Schools	.. ..	113,005 16 4	13,707 19 3	110,788 15 11	32,824 11 6	8.06 2.34
TOTALS	.. ..	189,206 2 11	16,993 1 2	183,704 - 7	61,990 13 5	13.49 4.42

**REPORT  
OF THE  
ASSISTANT ORGANISERS OF PHYSICAL EDUCATION  
FOR THE YEAR ENDED 31ST DECEMBER, 1954**

**1. Introduction.**

Physical education continues to show satisfactory progress in all its phases. There has been considerable improvement in certain aspects, notably swimming and athletics, and the future outlook for these activities is most favourable.

Generally the pattern of work in secondary schools seems to have found a suitable compromise between the extremes of the most recent ideas and the rigid formality of the past. Experimental work is being conducted in some senior boys' classes with a view to gaining a more objective attitude to qualities of strength and speed in the individual, whilst the senior girls are encouraged to acquire the particular feminine attribute of grace and mobility.

Most primary and infants' schools now have some form of climbing apparatus, but difficulties of space and building construction prevent the installation of the fixed apparatus which is desirable in secondary departments in order to give a greater range of activity.

A notable feature of the year's work was the visit of the Men's and Women's Gymnastic Teams of the Gerlev Folk High School, Denmark. These young people gave performances to 2,000 senior children and the accuracy of their execution and beauty of movement were an inspiring spectacle.

In October, Her Majesty the Queen, and His Royal Highness the Duke of Edinburgh, visited the City, and over 3,000 boys and girls gave an impressive display of marching, counter-marching and flag forming on the Sheffield Wednesday Football Club Ground. Mr. F. Carr, Chief Superintendent of Physical Education, was responsible for the organisation of this display and it proved a fitting climax to his career as he retired on 31st December, 1954, after 35 years' service with the Education Committee.

**2. Teachers' Classes.**

Refresher courses have been continued and teachers have been given every opportunity of keeping in touch with modern developments in physical education. Of a practical nature these courses include physical training, games, athletics, swimming and dancing. Lecture-demonstration courses designed for older teachers who are unable to participate in vigorous activities have proved a useful addition.

It should be emphasised that all refresher courses are voluntary and are held in the evenings or on Saturdays. In many cases they are attended by teachers at considerable inconvenience to themselves. The success of the classes is all the more commendable.

The following refresher courses were held in 1954 :—

### 3. Activities in the Schools.

#### (a) Physical Training.

Prevailing conditions continue to govern the type of activity undertaken in the schools. Whilst those departments with gymnasium facilities are able to conduct a comprehensive programme there remains a number of schools where the work must necessarily be of a limited character. At the present time 6 secondary modern schools have a fully equipped gymnasium, 3 have some fixed apparatus, while the remaining 19 depend on the use of portable equipment. A further improvement is envisaged through the gradual installation of fixed apparatus where possible. It is necessary, however, to recruit additional qualified staff to undertake the more advanced work which will arise from these facilities. The organising staff advise and demonstrate methods of coping with these difficulties.

A resumption of sessional courses, when circumstances permit, where teachers attend for one or two half-day periods throughout a year would do much to assist the less qualified teacher.

Junior and infant work has been influenced by the Ministry of Education's recent publications "Moving and Growing" and "Planning the Programme" which endorse the policy followed in Sheffield for a number of years. Additions to the larger types of apparatus ensure that the children of these age groups are able to undertake the activities most suited to their stage of development.

#### (b) Games.

All children have a weekly games period either in the playground or at a field. As accommodation for field work is limited, preference is given to seniors and where possible to juniors whose playground space is inadequate. In spite of gradually improving conditions it is still not possible to allow all senior children a field period on or near their own school site.

Games skills are often practised in the normal physical training lesson so that no time is lost later, but it is not desirable that the whole of the lesson at the field should be spent in competitive games as this operates to the detriment of the poorer performer. As schools develop their games programmes many senior children have a choice of activity although the traditional rugby, soccer, hockey, netball, cricket and tennis still find most favour.

#### (i) Association Football.

The popularity of this game amongst boys is excellently fostered by the various competitions in which many secondary modern schools take part. The standard of play remains high and most senior boys in the City have a weekly opportunity for practice. Competitive games generally take place

during school hours but much voluntary work is done at week-ends. Whilst match play is important it is not encouraged to take the place of normal coaching which gives the less able boy the teaching he requires.

The final results of the league competitions were as follows :—

Competition	No. of Teams	Winners	Runners-up
Clegg Shield .. ..	18	Coleridge Road Secondary	Meynell Road Secondary
Wednesday Shield .. ..	42	Meynell Road Secondary	Brook Secondary
United Shield .. ..	22	Hillfoot County	Wincobank County
Handsworth Cup .. ..	15	Walkley County	Sharrow Lane Boys'
Gleeson Cup (Catholic Schools)	8	St. Catherine's R.C.	St. Theresa's R.C.
Catholic Schools League ..	9	St. Theresa's R.C.	St. Catherine's R.C.
<i>Daily Dispatch</i> Competition	19	Shirecliffe Secondary	Prince Edward Secondary

150 teams took part in the various competitions including 18 teams from junior schools. The City Team further enhanced its prestige by becoming joint holders of the "Wylie" Shield (Yorkshire Schools' Trophy) with Barnsley. This shield has now been won ten times by Sheffield which is easily a Yorkshire record.

In the present season matches have been played against Chesterfield, Hull (3), Liverpool, Leeds, Halifax, Bradford, Sunderland, Forest of Galtres, Nottingham, Rother Valley and North East Derbyshire. One of the matches against Hull was a floodlit game. It is a tribute to Sheffield's high standard of football that of the 16 matches played 13 have been won and one drawn with 54 goals being scored against 16.

For the first time for many seasons the team reached the last 32 of the English Schools' Shield.

County Badges were gained by L. Habershon (Coleridge Road Secondary) and B. Shaw (Burngreave Secondary).

#### (ii) *Rugby Football.*

Rugby Football maintains its popularity in the schools, and one new school, Jordanthorpe Secondary, has completed a fairly extensive list of fixtures in its first year.

Some of the new schools are anxious to include this game in their lists of activities when the playing pitches attached to the schools become available.

The standard of play indicates that careful attention is given to the coaching of the game, and the final matches of the senior and junior competitions proved that much progress has been made.

Hartley Brook Secondary School won the "Luther Milner" Shield, and Coleridge Road Secondary School the "Price" Cup, and both schools are to be congratulated on their fine efforts.

Competition	No. of Teams	Winners	Runners-up
Price Cup .. ..	9	Coleridge Road Secondary	Hartley Brook Secondary
Luther Milner Shield ..	8	Hartley Brook Secondary	Coleridge Road Secondary

In the main, the City Team had matches with the Grammar Schools and Colleges in the neighbourhood, but the outstanding games were with the Leicestershire Boys at Hinckley, and the Rugby Schools' Rugby Football Union at Abbeydale Park, Sheffield. Sheffield lost to the Leicestershire Boys by a narrow margin, but won against the skilful opposition of the Rugby Schools' fifteen, and should be proud of the manner in which they played on these occasions.

John Gollogly of Hartley Brook Secondary, Derek Wood of Coleridge Road Secondary and Terence Askwith of Shirecliffe Secondary were selected to represent the City at the Preliminary Northern Trial. John Gollogly succeeded in gaining a place in the Northern Team in the North v. Midlands International Trial.

The Sheffield Schools Rugby Union served the English Schools' Rugby Union admirably by staging the North v. Midland International Trial at short notice.

### (iii) *Rugby Touch.*

The 1954 season was not so successful as in previous years, as only 8 teams entered for the Derwent Cup and 5 for the Junior Cup. Owing to the inability of certain schools to complete their fixtures, due to adverse weather, the Junior Cup had to be abandoned.

The finals of the Derwent Cup were held at the Arbourthorne Central Playing Field, and Burngreave Secondary Boys' School is to be congratulated on winning the Cup for the first time.

It is anticipated that increased interest will be fostered and that competitions will assume their former popularity during the coming season.

### (iv) *Cricket.*

School cricket in Sheffield faces many difficulties due to the closure of the public parks between Easter and Whitsuntide and the shortage of good pitches. However, the boys' natural attraction towards the game and the enthusiasm of many teachers help to overcome these obstacles.

Teachers are consistently advised to use the games periods in the summer term for coaching the skills of cricket rather than for attempting a competitive game where a poor player may be inactive for long periods. Concrete wickets have proved invaluable for teaching boys correct stroke making.

The City Team, although playing good cricket, failed to qualify for the rounds proper of the Yorkshire Schools' Competition. Sheffield defeated Don and Dearne but were beaten by Doncaster and by Rotherham, in each case by a narrow margin. A good win over Derby was registered in a friendly game.

Tony France, of Norfolk Secondary School, was capped for the County for the second successive year.

The final results of the competitions were as follows :—

Competition	No. of Teams	Winners	Runners-up
Stokes Shield .. ..	41	Meynell Road Secondary	Gleadless County
Barber Shield .. ..	31	Meynell Road Secondary	Norfolk Secondary

Meynell Road Secondary deserve special congratulation on becoming the first school for over 60 years to win both these trophies in one season.

#### (v) Netball.

The standard of play in Sheffield Schools remains high, and the two yearly tournaments arranged by the Netball Section of the Schools' Athletic Association and the Sheffield Teachers' Netball Club were well supported.

All districts were represented in the league competition in which over 500 girls took an active part.

Competition	No. of Teams	Winners	Runners-up
Graves Shield .. ..	24	Meynell Road Secondary	Pipworth Road Secondary
Creswick Trophy .. ..	18	Norfolk Secondary	Burngreave Girls
Hadfield Trophy .. ..	24	St. Patrick's R.C.	Woodbourn County
Miller Shield .. ..	10	Walkley County	Philadelphia County

The annual City Netball Tournament, held on Saturday, 3rd April, at Norfolk Secondary School again proved very successful. Over 300 girls took part whilst 30 teachers assisted as officials. The successful teams were :—

Competition	Winners	Runners-up
Large Schools—(Senior)	Norfolk Secondary	Burngreave Girls
Large Schools—(Junior)	Burngreave Girls	Norfolk Girls
Small Schools—(Senior)	Park County	St Catherine's R.C.
Small Schools—(Junior)	St. Patrick's R.C. Walkley County }	tied for first place

The City Team won both the Yorkshire League Championship and the Yorkshire Tournament Championship and are the first team to achieve this distinction.

The Grammar Schools' Netball Tournament, held on Saturday, 27th November, at Rowlinson Technical School, was most successful. In the senior section 12 schools entered and High Storrs Grammar School for Girls were the winners with Notre Dame High School for Girls runners-up. High Storrs also won the Junior Competition with Sheffield Girls' High School as runners-up.

#### (vi) *Rounders.*

Rounders has maintained its popularity as a summer game for girls and junior boys. Played with a stick and a hard ball it calls for a good eye, sound judgment, safe hands and a fleet foot. Indeed its value is shown in the increasing number of entries in the league competition and in the tournament.

Competition	No. of Teams	Winners	Runners-up
Lady Roberts Shield (S3-4)	24	Pipworth Road Secondary	Shirecliffe Secondary
Fred Bye Trophy (S1-2)	28	Meynell Road Secondary	Shirecliffe Secondary
Quine Trophy (Small Schools)	22	St Theresa's R.C.	Hillfoot County
Eaton Cup (Junior Girls)	39	Ellesmere Road Junior	Wisewood Junior
Carr Cup (Junior Boys)	40	Woodside Junior	Woodseats Junior

Inclement weather delayed the completion of the rounds, but the winning teams were well supported in the final matches at the Myrtle Road Sports Ground. The Tournament results were as follows :—

Competition	No. of Teams	Winners	Runners-up
Drew Trophy (S3-4)	30	Pipworth Road Secondary	Philadelphia County
Miller Trophy (S1—2)	28	Woodhouse West County	Meynell Road Secondary
Brightside Cup (Junior Girls)	31	Ellesmere Road Junior	Grimesthorpe Junior
Slavin Cup—(Junior Boys)	35	Malin Bridge Junior	Firs Hill Junior

Unfavourable weather conditions interfered with the programme arranged and matches were played in the evenings on the Myrtle Road Sports Ground. The enthusiasm of both the teachers and children, who repeatedly turned up to these replays in order that the Tournament could be completed, was highly commendable.

The County Tournament was held at Hull on Saturday, 17th July. Four Sheffield Teams competed with those from Doncaster, Hull and Leeds. As Sheffield 'A' teams had been the winners for so many years it was decided that Sheffield 'B' team should compete against the other 'A' teams and it was gratifying to find that the Sheffield 'B' Team scored the highest number of points.

#### (vii) *Tennis.*

The 38 tennis courts and 18 asphalt playground courts belonging to the Committee continue to be fully used in addition to the 158 courts used weekly in the public parks. The provision of tennis courts in the new secondary modern schools will help in the development of this game which has excellent physical and social training values.

The game is now played by 18 secondary modern schools and 19 schools with senior girls whilst a number of boys now include tennis as part of their physical education. These are in addition to the grammar schools where both boys and girls play tennis.

No leagues have yet been formed but friendly matches are played between interested schools during out-of-school hours.

In the All England Lawn Tennis Association Competition (Girls' Section), High Storrs Grammar School for Girls reached the finals and were the runners-up for the Aberdare Cup.

(viii) *Hockey.*

Increased enthusiasm is noted for the game throughout the City although the number of schools playing is limited by the lack of good pitches. Efforts have been made to encourage girls to acquire suitable footwear so that the development of hockey skills is not hampered.

Friendly games are played between neighbouring schools and improvements in technique have resulted.

The Grammar Schools' Hockey Tournament was held at the Abbeydale Grammar School for Girls and 16 schools from the South Yorkshire and East Derbyshire areas were represented. High Storrs Grammar School for Girls were the winners and Abbeydale Grammar School were the runners-up.

(c) *Athletics.*

Considerable progress has been made in this phase of physical education throughout the year. There is a growing interest in the schools in the less common events such as throwing the discus, throwing the javelin and hurdling. Whilst no systematic training in athletics is encouraged in the junior school, coaching of a general nature in running, jumping and throwing stimulates interest and makes for increased proficiency later. No secondary boy or girl is urged to specialise in a particular event but rather to follow an inclination for a group of activities. Further progress should follow as new school playing fields are developed and suitable athletic jumping-pits provided.

Cross-country running is naturally popular in a city whose athletic prowess has generally been built round this activity, and fortnightly Saturday morning runs have been held throughout the winter season. The league championship was won by Meynell Road Secondary School for the second successive year, whilst the Atkin Cup went to King Edward VII School 'A' Team with Meynell Road runners-up. In this race 111 runners representing 13 schools took part.

Each of the four districts into which the City was divided held its own area sports and the first three competitors in each event were eligible to compete in the Final Sports at the Training College Playing Field. Unfortunately very unsettled weather had an adverse affect on these final events and the meeting was not as successful as in previous years. The champion school was Rowlinson Secondary Technical School who won the Croxford Cup.

The Triangular Athletic Meeting among High Storrs, Nether Edge and Firth Park Grammar Schools was held on the High Storrs Playing Field and resulted in a tie in the senior competition between High Storrs and Nether Egde while Nether Edge won the junior competition.

The Yorkshire Schools' Championships were held at Beverley and the Sheffield Team gained 2 first places, 3 second places and 3 third places. As a result of these championships three Sheffield boys were selected to represent Yorkshire in the National Championships at Newcastle-on-Tyne, and at this meeting J. Webster of High Storrs Grammar School for Boys finished second in the 880 yards, returning the same time as the winner.

A training scheme for young athletes was commenced in October and further progress by the City Teams should result from this innovation.

*(d) Boxing.*

Boxing is an entirely out-of-school activity in Sheffield though boxing practices are often introduced into the normal physical training lesson.

Boxing demands much technical knowledge from the teacher and consequently the number of schools actively engaged in the sport is limited. There is a good deal of prejudice against boxing, chiefly due to the lack of knowledge of the management of the amateur code, which differs in many respects from the more sensational professional methods. Unfortunately the few enthusiastic teachers have found their difficulties insuperable and it is sad to record that the Boxing Section of the Schools' Athletic Association has wound up its affairs. It is to be hoped that this is only a temporary condition.

During this last year the Schools' Finals were held at Croft Hall and 14 hard fought contests were enjoyed by a good audience.

Five county championships were gained by Sheffield boys at Pudsey on February 11th. These were F. Hudson (Coleridge Road Boys), A. Marriott (Burngreave Boys), J. Fitzpatrick (Hatfield House Lane Secondary) and K. Creaghan (S. Vincent's R.C. School). F. Hudson and K. Creaghan were successful in the inter-counties tournament at Leeds on February 26th, whilst K. Creaghan went on to the National Semi-finals where he was ultimately defeated.

*(e) Dance.*

Dance is a very desirable feature of any complete scheme of physical education and its value is unchallenged as a means of arousing and developing the creative instinct, improving poise and general deportment and offering an outlet for artistic expression in movement.

Country dances have a special appeal, for in addition to being the traditional dance of the country, they have definite form and variety of pattern. After a preliminary training has been given in the fundamentals these dances as well as other national dances are readily learned. The social value, too, is unquestioned and in many schools weekly lessons for boys and girls are now arranged.

(f) *Camping.*

A growing number of schools now undertakes an annual camp and perhaps the time is drawing near when more systematic assistance to these schools could be given. There are many suitable sites within easy reach of Sheffield and full advantage of these is taken by individual groups. Other parties have gone further afield and forms of camping enjoyed have varied from the light mobile type to the more fixed variety.

Camping has always had strong appeal for boys and girls, and much credit is due to those teachers who have given freely of their holiday time in order to offer children the adventure of living under canvas.

(g) *Swimming.*

In all swimming baths in the City, except two, the Committee has its own teacher of swimming, part-time in the case of women and full-time in the case of men. Only at Attercliffe Bath does the Corporation Bath Manager officiate under existing arrangements with the Baths Committee.

Excellent results have been achieved in competitive swimming and life saving, both local and national, by the Sheffield children, and these successes are a tribute to the enthusiasm and skill of all those who are connected with the teaching of swimming in schools.

i. *Swimming.*

Swimming has made a valuable contribution to the physical education programme of the Special Schools. Successes in gaining length certificates and Royal Life Saving Society's awards have been particularly noted at the Maud Maxfield School for the Deaf, Springvale Special School, and Wadsley Bridge Special (E.S.N.) School. A voluntary class at Woodthorpe Bath was conducted for the boys and girls of the Bents Green Partially Sighted School.

Lengths in Yards	BOYS					GIRLS				
	1950	1951	1952	1953	1954	1950	1951	1952	1953	1954
25	2,101	2,013	2,090	2,204	2,437	1,312	1,513	1,399	1,446	1,676
100	1,683	1,672	1,690	1,731	2,038	994	1,153	1,157	1,255	1,292
440	1,763	1,508	1,439	1,427	1,564	1,012	1,038	947	971	1,042
880	1,538	1,463	1,246	1,158	1,444	730	860	820	805	955
TOTAL	7,085	6,656	6,465	6,520	7,483	4,048	4,564	4,323	4,477	4,965

Grand Totals	1950	..	..	11,133
	1951	..	..	11,220
	1952	..	..	10,788
	1953	..	..	10,997
	1954	..	..	12,448

This year's results show an increase of 1,451 certificates on last year's results, and 1,228 better than any other year. This reflects the keenness of the children and the enthusiasm and able teaching of those concerned with their instruction.

Lengths certificates gained by Grammar Schools, College of Art and Crafts, Central Technical School and the College of Commerce (Day Commercial Classes) include :—

				Boys	Girls
100 yards	..	..	..	107	66
440 yards	..	..	..	145	46
880 yards	..	..	..	133	51
Total	..	..	..	548	—

This number shows an increase of 38 certificates over 1953.

### ii. *Life Saving.*

Awards to Sheffield school children were made by the Royal Life Saving Society for success in their Examinations.

Year	Intermediate Certificate	Bronze Medallion
1950	1,331	752
1951	1,513	920
1952	1,452	980
1953	1,496	1,024
1954	1,470	954

Sheffield still holds a premier place in the country in the total number of awards gained. As more children come forward it becomes increasingly difficult to find suitably qualified examiners. This obstacle is partly overcome by the refresher courses in swimming which take place each term at Woodthorpe Bath, and at which teachers can gain the awards of the Royal Life Saving Society.

Other Life Saving Awards gained by Sheffield Schools were :—

- The *Sheffield Telegraph* Cup .. .. Morley Street County.
- The Viner Shield .. .. .. Burngreave Secondary Boys.
- The William Henry Memorial Cup .. Abbeydale Secondary

### iii *Award of Merit.*

An Award of Merit (not to be confused with the Life Saving Society's award) is issued by the Sheffield Schools' Swimming Association to school

children who pass the following test and who hold an Award of the Royal Life Saving Society :—

- (a) Swim 500 yards in 11 minutes (girls  $11\frac{1}{2}$  minutes).
  - (b) Plunge 10 yards.
  - (c) Dive neatly from a height of 6 feet.
  - (d) Bring up a weighted object from a depth of 5 feet.
  - (e) Swim gracefully and correctly in three different styles.

Year	Boys'	Girls'	Total
1950	65	37	102
1951	88	37	125
1952	68	33	101
1953	58	51	109
1954	55	45	100

Although the total is slightly below that of 1953, the standard of advanced swimming is still very high in the Sheffield Schools.

#### iv. *The Advanced Award.*

This is a joint award of the English Schools' Swimming Association and the Amateur Swimming Association and supersedes the Yorkshire Schools Standard Test. This is the first year that the new test has been taken in the Sheffield Schools, and out of 68 children who entered only 13 were successful.

## v. Free Passes to Baths.

Free passes are granted to schools which gain 20 or more length certificates annually whilst attending a Corporation Swimming Bath for instruction in swimming. The Education Committee make a similar award to schools which attend Woodthorpe and King Edward VII Swimming Baths.

Passes were awarded as follows :—

### Passes granted :—

*vi. The Winter Squadron Leagues.*

The Winter Squadron Leagues still function healthily, and were well supported during the 1953-54 season. The winners were as follows :—

		Winners	Runners-up
Major : Boys .. .		Abbeydale Secondary	Sharrow Lane Boys
Girls .. .		Hunter's Bar Girls	Crookesmoor Girls
Minor : Boys .. .		Pomona Street County	Morley Street County
Girls .. .		St. Silas C.E.	Meersbrook County

*vii. H.M.S. "Sheffield" Trophy.*

This trophy was presented to the Education Committee by the Artificers of H.M.S. "Sheffield", to encourage swimming in the schools of the City, and was won by Abbeydale Secondary School with a total of 222 points. Burngreave Secondary Boys' School were the runners-up with a total of 206 points.

*viii. Visits to Baths (Public).*

Year	In School Hours	Out of School Hours	Total
1950	270,929	110,834	381,763
1951	263,531	106,764	370,295
1952	263,676	133,531	397,207
1953	273,619	162,954	436,573
1954	286,194	169,370	455,564

The swimming report would not be complete without mentioning the act of Pat Ashberry of Western Road Secondary School. Whilst on holiday on the Broads, Pat, who holds the Royal Life Saving Society's Intermediate Award, dived into the water fully clothed, swam thirty yards and rescued a boy who was in difficulties. She towed him to the bank and applied artificial respiration. This act was instrumental in saving the boy's life. The Yorkshire Amateur Swimming Association presented her with a Parchment in recognition of her gallantry.

*4. School Sports, Galas and Tournaments.*

Many schools are organising their own Athletic Sports, Swimming Galas and Games Tournaments as a natural sequence to their physical education programmes. Past experience is proving valuable in that most schools are adopting the policy of team rather than individual competition. The social value of such school events is self-evident and parents are able to observe and appreciate the work done on behalf of their children.

### 5. Playing Fields.

The Committee's playing fields have been used to capacity throughout the year. Although periods of rehabilitation are given during the Easter and summer holidays these are insufficient for complete recovery and only good staff work keeps many pitches available for play.

The position should improve as fields attached to new schools are developed, and as it is now the policy to commence work on the field simultaneously with the school building future progress should be rapid.

Work is still continuing on the following areas but there is no immediate prospect of play on them :—

Acres Hill, Athelstan, Brook Secondary Modern  
and Jordanthorpe Secondary Modern.

It will be some considerable time before Rowlinson Secondary Technical and Stradbroke fields are available, but play should be possible on parts of Greenhill Junior School field by September 1955. Work has commenced on the Hatfield House Lane Schools playing field.

The pavilion at Castle Dyke playing field is now being built and this will make a considerable difference to the amenities of this magnificent field and will prove a boon to City Grammar School who will eventually have to vacate Hurlfield Playing Field.

Thirteen concrete wickets and 54 tennis courts (8 gravel, 12 grass, 18 asphalt and 16 special hard court type) are fully used in the Committee's playing fields.

### 6. Out of School Activities.

The scope of these activities is growing continuously and the voluntary work of teachers in this connection deserves the highest commendation.

While it is impossible to record individual activities it is noteworthy that the past year has seen parties of Sheffield children camping, youth hostelling, rock climbing, touring the Continent, visiting places of historical and industrial interest and taking part in numerous athletic and swimming events in many parts of the country under the guidance and supervision of their teachers.

Among the organisations working consistently throughout the year for the benefit of children in out-of-school activities are the Sheffield Schools' Athletic Association and the Sheffield Schools' Swimming Association. Advantages to children in this sphere are also derived from the Sheffield Teachers' Folk Dance Club, Sheffield Aesthetic and National Dance Society, the Sheffield Teachers' Netball Club, the Sheffield Men Teachers' Gymnastic Club, the Sheffield Men Teachers' Hockey Club, and the Sheffield Men Teachers' Cricket and Football Clubs.

(i) *The Sheffield Schools' Athletic Association.*

No report on physical education in Sheffield would be complete without mention of this organisation whose members devote so much of their time to the interests and activities of our schoolchildren. The Association was formed 65 years ago and has gone from strength to strength and is justly proud of its achievements.

In addition to the normal inter-City matches in football (association and rugby), cricket, netball and rounders, County events and tournaments have been staged in Sheffield. All these arrangements mean much extra work and responsibility but they were undertaken readily and with cheerfulness.

The assistance of the Association in the organisation of the display for the visit of Her Majesty the Queen and His Royal Highness the Duke of Edinburgh was greatly appreciated and the past work of the body was recognised in the presentation of Messrs. E. Cornthwaite and G. Bronks to Her Majesty.

Mr. C. Cawsey continues as secretary of the Association Football section and his valuable service is reflected in the success of the Sheffield teams.

The rugby sub-section has very faithful adherents who are determined that rugby should live in a stronghold of association football. Mr. J. Phillips is the secretary of this energetic body.

Mr. G. Farnsworth took over as secretary of the cricket sub-section, but has found like his predecessors that the shortness of the season limits the scope of his activities.

The City Netball Team recorded the double success of winning the Yorkshire League Championship and the Yorkshire Tournament Championship and became the first team to achieve this distinction. Miss J. Newton is secretary of this lively section.

The Rounders Section has continued its most useful work with junior and senior children, and such has been the enthusiasm that Sheffield was able to send four teams to the County Tournament. So great was Sheffield's superiority that the final of this event was between the City's 'A' and 'B' Teams. Mrs. M. Goddard is to be congratulated after her first full year's work as secretary of this section.

Exceptional progress has been made by the Athletics Section and the devoted band of workers under the leadership of Mr. H. Whitham, the secretary, will have much to reward them in the future.

In spite of good results obtained by Sheffield boys in County and National boxing tournaments, this sub-section of the Schools' Association has had to discontinue its activities owing to lack of support. Mr. Howdle is thanked for his past work as secretary.

Rugby Touch continues to find its adherents and it is hoped that this useful game will spread to many more schools. Mr. A. Gregory's enthusiasm is reflected in his most valuable work as secretary.

The work of all the constituent committees of the S.S.A.A. is co-ordinated by Mr. E. Cornthwaite, the General Secretary, whose tact and ability secure for him the ready co-operation of all his colleagues.

(ii) *Sheffield Schools' Swimming Association.*

The Sheffield Schools' Swimming Association continues with its well established record of service on behalf of the Sheffield school children.

Mr. Hall has now concluded a second successful year as secretary of the association, and Mr. S. Hartley has served the national body, the English Schools' Swimming Association, for a similar period. Both are to be congratulated for their devoted service to the cause of swimming.

It is to the credit of the small band of enthusiasts, led by their secretary, Mr. L. White, that the Sheffield Schools' Training Scheme has had such a successful year, and the swimming of the Sheffield Schools has been seen to advantage.

At the English Schools' Swimming Association's National Championships, 10 Sheffield children represented Yorkshire and proved themselves worthy contenders for national honours. Sheffield registered its first National Champion in Barrie Dawson of Langsett Road Secondary School, who won the 100 yards Intermediate Butterfly Championship.

Other placings were as follows :—

Keith Ward .. .	3rd 100 yards	Free Style Championship ..	Boys 15-18
Brian Day .. .	2nd 100 yards	Breast Stroke Championship	Boys 15-18
Anthony Weston .. .	2nd 100 yards	Back Stroke Championship	Boys 15-18
Sylvia Breedon .. .	3rd 100 yards	Breast Stroke Championship	Girls 13-15

Sheffield retained the Bradford Trophy for the 6th year in succession at the Yorkshire Schools' Swimming Gala, gaining 89 points. York was second with 66 points and Leeds 3rd with 52 points.

The 3 final and 16 district galas (8 girls and 8 boys) together with the 2 grammar school galas, are an indication of the keen interest taken in swimming in the City.

The Secretary and the District Secretaries of the Sheffield Schools' Swimming Association and all those teachers who have given their services so generously are to be congratulated on their efforts on behalf of swimming during out-of-school hours.

(iii) *The Sheffield Teachers' Netball Club.*

This voluntary organisation continues to flourish. Weekly meetings are held at Greystones Secondary School on Saturday afternoons. The annual tournament organised by the club for school-children was held at Norfolk Secondary School, on Saturday, 11th November. Burngreave Secondary Girls' School were the winners and Pipworth Road Secondary School were runners-up.

The Club had a fixture list of 21 matches winning 10 and losing 4, the remaining matches being cancelled. The outstanding matches of the season were against Matlock Training College and High Storrs Grammar School for Girls.

An interesting feature of the year's programme was the "Spotlight on Netball" evening held at the Edmund Road Drill Hall on Saturday, 16th October, when demonstrations of technique were given and matches between County and School Teams were played.

Two of the Club's 23 members were selected to represent Yorkshire in county games.

Miss J. H. Rigden continues to work enthusiastically for the Club as secretary.

(iv) *The Sheffield Teachers' Aesthetic and National Dance Society.*

The Spring Term of this Club commenced with a membership of 30, and this number increased to 60 during the Autumn Term. Work in Modern Dance, European and Scottish Dance progressed throughout the year under the leadership of Miss E. C. Foggo, Assistant Organiser of Physical Education. The weekly meetings were held at the Central Technical School.

At the conclusion of the session groups of school-children were invited to attend a social evening during which dances taken throughout the year were enjoyed.

In March an evening of European Folk-dance was taken by Miss Rosemary Key of Manchester, and on Saturday, 27th November, a One-Day School of Modern Dance was held at Rowlinson Technical School, the teacher being Miss E. North of the Art of Movement Studio, Surrey. In addition to groups of students from the Sheffield City Training College and the Lady Mabel College of Physical Education, 72 teachers attended this course.

Miss M. Holt continues her useful work as secretary to the Society.

(v) *The Sheffield Teachers' Folk Dance Club.*

This Club was formed in January 1936, since when weekly meetings have been held at Greystones Secondary School on Thursdays for two terms in the year. Under the leadership of Miss H. Mawson, Assistant Organiser of Physical Education, its primary purpose is to encourage the teaching and practice of Folk and Traditional Dances in schools, clubs and institutions

under the jurisdiction of the Sheffield Education Committee. It is a useful training centre for teachers in an atmosphere of social enjoyment and is directly linked with the English Folk Dance and Song Society founded by Cecil Sharp.

In addition to the regular weekly instructional meetings held throughout the past year, members have attended week-end and holiday courses at Swanwick, Hull, Leeds, Manchester and Eastbourne and six members were selected to represent the club at the Annual All-England Festival in the Royal Albert Hall, London.

Members have been engaged in teaching in Evening Schools, Clubs and Institutes as well as in voluntary organisations, and have also acted as examiners for the Girls' Life Brigade tests. Children's dance parties, open evenings and demonstrations have been arranged and a healthy co-operation exists among the numerous dance groups in the Yorkshire area. Annually a week-end of dance is arranged by the Club under the direction of the London Headquarters' Staff. This was held at the City Training College and at Hatfield House Lane Secondary School in 1954. For the instructional classes 91 dancers enrolled and 290 attended for the social dances. The Handsworth Traditional Sword Dancers gave a very commendable performance of their dance and one member of the team has undertaken to teach the dance to boys and girls of Brook Secondary School after school hours.

Miss A. Bailey has continued her able work as honorary secretary and Miss T. Ballard has given worthy service as deputy leader of the Club. The Club has without doubt a long record of vigorous, useful and enjoyable activity.

#### *vi. The Sheffield Men Teachers' Gymnastic Club.*

The Men Teachers' Gymnastic Club holds its weekly meetings in the City Training College gymnasium. It has a membership of 25 teachers and youth leaders, and two Training College Students are attached as honorary members. The programme of work is arranged by Mr. J. B. Edwards and Mr. J. G. Jones, Assistant Organisers of Physical Education, and consists of gymnastic work and indoor games. The members have found the practice of advanced gymnastics a valuable aid to the teaching of vaulting and agility.

The Club members gave considerable assistance during the visit of the Danish Gymnastic Teams, by offering hospitality to the Danish men and women. Sheffield's welcome to the Danish Men and Women's Teams was greatly appreciated by them.

Mr. D. Outram has undertaken the secretarial duties very ably.

## 7. *Recreative Physical Training for Adolescents and Adults.*

Increased facilities for the various forms of recreative physical training in voluntary organisations has had an adverse effect on the number of enrolments for this type of activity in Evening Schools and Club-Institutes. It is understood that this decline is not peculiar to Sheffield but is nation wide, and it appears that a new approach to this aspect of physical education is required.

In Evening Schools, enrolments for Recreative Physical Training were 154, for Dancing (Ballroom, Folk, Country) 224, for First Aid and Home Nursing 56 and Swimming 314. In Club-Institutes 239 were enrolled for Recreative Physical Training, 47 for Home Nursing and 34 for Swimming.

Whilst these figures show an increase over the previous year, there is still a good deal of scope for further progress.

The Physical Training Competition was held in the junior section for youths only. Normally there are four separate competitions, two for men and two for women, and in past years these competitions have provided a stimulus to excel throughout the year.

The result of the competition was :—

Meynell Road Club Institute .. .. .. ..	<b>261½</b>
Fox Hill Club Institute .. .. .. ..	<b>236½</b>

The result of the Evening Schools' and Club-Institutes' Swimming Gala was :—

Trophy	Winners	Points
Viner Trophy ..	Prince Edward Evening School (Girls) ..	31
Challenge Trophy ..	Prince Edward Evening School (Boys) ..	27

The highest scoring team, male or female, wins the Viner Trophy and the highest scoring team of the opposite sex wins the Challenge Trophy.

The gala, again held at Woodthorpe Bath, was most successful. Mr. G. Hardy was responsible for most of the arrangements. He was ably assisted by Mrs. G. Blakey and many helpers from the Sheffield Schools' Swimming Association as well as by members of the Physical Education Department.

In the First Aid Competition, which was held at Prince Edward Evening School, the Prince Edward team won the trophy.

*Awards of the Royal Life Saving Society.*

In the swimming classes there are always objectives throughout the season. One is to qualify for an Award of the Royal Life Saving Society. During 1954 the following awards were gained :—

Intermediate Certificates ..	..	..	..	..	..	..	5
Bronze Medallion ..	..	..	..	..	..	..	9
Bar to Bronze Medallion ..	..	..	..	..	..	..	2
Instructor's Certificate ..	..	..	..	..	..	..	2
Bronze Cross ..	..	..	..	..	..	..	3
Award of Merit ..	..	..	..	..	..	..	7

*8. Conclusion.*

In concluding this report the Physical Education Staff would like to express their appreciation of the generous help received from the Director of Education and his personal staff ; the willing co-operation of the Official Staff and the practical support of Dr. Taylor and the School Health Service Staff.

The encouragement given by the Education Committee to Physical Education is a stimulus at all times.

HANNAH MAWSON ELIZABETH C. FOGGO JOHN B. EDWARDS J. GORDON JONES	<div style="display: inline-block; border-left: 1px solid black; padding-left: 10px; margin-right: 10px;"></div> <i>Assistant Organisers of Physical Education.</i>
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